NOTTAWASEPPI HURON BAND OF THE POTAWATOMI

A FEDERALLY RECOGNIZED TRIBAL GOVERNMENT

BAGANÉWNIKAN • TRIBAL POLICE

PUBLIC RECORDS REQUEST

Information

Requested Record(s):_____

_____

_____

_____

_____

Complaint No. (if applicable): _____

Date of request:_____

Applicant Name:_____
Last First M.I.

Reason for request:_____

_____

_____

☐ Victim ☐ Complainant ☐ Suspect/Defendant ☐ Tribal Member (I.D. #_____) ☐ Other:_____

Requestor Signature: _____ Date:_____

If the Records pertain to someone other than the requestor, which are otherwise exempt from public disclosure, include that person's name and notarized signature below:

Name: _____

Signature: _____ Date:_____

Subscribed and sworn before me in _____County, Michigan, on _____.
Date

Notary Public, State of Michigan, County of _____. My Commission expires _____.

If acting in county other than county of commission: acting in County of _____.

PUBLIC RECORDS REQUEST

Chief of Police Review

☐ Approved ☐ Denied

Reason for partial or complete denial (if applicable):_____

_____

_____

_____

_____

Signature:_____ Date: _____

Release Information

Released By:_____ Date of Release: _____

Signature: _____ Date: _____

Action Notes

Information regarding any extensions, status or outcome of appeal, and important communications:

_____

_____

_____

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