

**MICHAEL D. CARPENTER**  
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(989) 832-6722 FAX (989) 832-6393

**POLICE REPORT REQUEST FORM**

Date Submitted: \_\_\_\_\_

Complaint #: \_\_\_\_\_

Suspect Name: \_\_\_\_\_

Victim Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Reason for Request (Additional paper is available upon request)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A decision on your request will be made within 5 days. It is the prosecutor's discretion whether or not to release the police report.

Name/Address/Phone (of person requesting report)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Copied: \_\_\_\_\_

Copied by (initials): \_\_\_\_\_