



**CITY OF DEARBORN HEIGHTS  
FREEDOM OF INFORMATION ACT REQUEST FOR PUBLIC RECORDS**

**MICHIGAN FREEDOM OF INFORMATION ACT, PUBLIC ACT 442 OF 1976, MCL 15.231, et. seq.**

Copies of the City's Freedom of Information Act Procedures and Guidelines and the Written Public Summary are maintained on the City's website at: [www.ci.dearborn-heights.mi.us](http://www.ci.dearborn-heights.mi.us), and at Dearborn Heights City Hall, 6045 Fenton, Dearborn Heights, MI 48127. City Hall is open to the public Monday through Thursday from 8:00am-12:00pm and 1:00pm-5:00pm

**Mailing Address:** City of Dearborn Heights Attn: FOIA Coordinator, 6045 Fenton, Dearborn Heights, MI 48127

**Telephone Number.:** (313) 791-3490 / Fax: (313) 791-3401

**E-Mail Address:** [FOIA@ci.dearborn-heights.mi.us](mailto:FOIA@ci.dearborn-heights.mi.us)

**For Dearborn Heights Police Department Records (i.e., Accident Reports, Police Related Incident/Case Reports), provide your FOIA request in person, mail, fax, or email to the following:**

**Address:** 25637 Michigan Ave. Dearborn Heights, MI 48125

**Telephone Number.:** (313) 277-7471/ Fax: (313) 274-8456

**E-Mail Address:** [records@ci.dearborn-heights.mi.us](mailto:records@ci.dearborn-heights.mi.us)

**Hours of Operation:** Monday - Thursday 8:00am to 4:00pm

**For Dearborn Heights Fire Department Records, provide your FOIA request in person, mail, or email to the following:**

**Address:** 1999 N. Beech Daly Rd. Dearborn Heights, Michigan 48127

**Phone Number:** Main: (313) 791-3657 / Fax: NO FAX AVAILABLE

**Email Address:** [prevention@ci.dearborn-heights.mi.us](mailto:prevention@ci.dearborn-heights.mi.us)

**Hours of Operation:** Monday - Thursday 7:00am to 5:00pm

**\*For EMS Records, please contact the Fire Department Record Keeper at (313) 791-3650\***

**Name:** \_\_\_\_\_  
(LAST) (FIRST) (MI)

**Firm/Organization:**  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
(STREET) (CITY & STATE) (ZIP CODE)

**Telephone Number:** \_\_\_\_\_ **Email/Fax** \_\_\_\_\_

**Request for:**  Copy  Certified Copy  Record Inspection

Non-Paper Physical Media (i.e. Computer Discs; Digital Drives, etc. only if the City possesses the necessary technological capability to provide the records in the requested format)

Subscription to Record Issued on a Regular Basis

**Delivery Method:**  Will Pick-Up  Mail to Address Above  Email to Address Above

**DESCRIPTION OF PUBLIC RECORD(S) REQUESTED** – You may attach additional sheets if necessary

Describe in detail the documentation/information being requested. PLEASE BE SPECIFIC. If the request is unclear, it could prevent the City from providing the documentation/information. Include information such as property address, incident number, date of occurrence, time frame of records requested, etc.

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Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CITY USE ONLY:**

SUBMITTED:  IN-PERSON  BY U.S. MAIL  BY FAX/EMAIL

DATE FILED: \_\_\_\_\_ ACCEPTED/RECEIVED BY: \_\_\_\_\_

FIVE (5) DAY RESPONSE DATE: \_\_\_\_\_

TEN (10) DAY EXTENSION DUE DATE: \_\_\_\_\_

RESPONDING DEPARTMENT(S)/DIVISION(S): \_\_\_\_\_