

Name of Requester			Signature of Requestor / Date	
Street Address				
City	State	Zip	Phone Number	
Type of Record Requested:			Name Referred to in Record or Driver Involved	
☐ Traffic Accident Report (Give Report Number, if known) _____			Location of Event/Incident (If accident, give Street and cross Street)	
☐ Complaint Report (Give Report Number, if known) _____				
☐ Other Record (Describe)			Date of Event/Incident (Be Specific)	
Criminal History Records are no longer done by Flint Police Department – you can go online at michigan.gov and get arrests from other Jurisdictions, warrants, etc.				
Specific Event to Which Record Refers:				