NORTHFIELD TOWNSHIP POLICE DEPARTMENT

FREEDOM OF INFORMATION ACT REQUEST

1.	**Date of Request**	
2.	**Name of Person Requesting**	
3.	**Address**	
4.	**Home Phone**	**Work Phone**
5.	**Description of Request. You must be specific in the public records sought. This includes a date of incident, type of incident and if a name is included, please provide a complete name, address and date of birth.**	

NOTIFICATION OF COSTS

I understand that a fee will be charged for the actual duplication, mailing and clerical labor costs. I will make payment immediately for the services rendered. I also understand that I may be required to pay any associated costs prior to fulfilling the request.

Signature

FOR ADMINISTRATIVE USE ONLY

Request Received By	Date of Request	
Date of Time Extension Notification	☐ Mail ☐ In Person ☐ Telephone	Initialed
Date of Response to FOIA	☐ Mail ☐ In Person	Initialed
Date of Compliance with Request	☐ Mail ☐ In Person	Initialed
DATE OF REQUEST		
MISC INFO		