

**City of Portland**  
**259 Kent St.**  
**Portland, MI 48875**  
**Phone: 517-647-2931 • Fax: 517-647-2938**  
**www.portland-michigan.org**

Date Received: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_ Case No.: \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Describe the document(s) you are requesting as specifically as possible, including any names, places, dates, and subject. Use back page if necessary.

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For Office Use Only

	Date	Initials
_____ Approved	_____	_____
_____ Denied in Part/Approved in Part	_____	_____
_____ Denied	_____	_____
_____ Extended	_____	_____