



REQUEST FOR RECORDS

****Please Allow up to 15 Calendar Days for Processing****

I. Requestor Information				
Name of Person Making Request	Phone Number	Extension	Email Address	Date
Street Address	City		State	ZIP Code
Company Representing, if applicable	Name of Client or Insured, if applicable		Claim/File/Reference Number, if applicable	
Tribal Member <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____				
Reason Requested (Be specific as to why you are requesting record):				
II. Record Requested: Provide requested details.				
<input type="checkbox"/> Incident Report				
Report Number	Date of Incident	Location of Incident	Name(s) Referred to in Report	
III. Method of Access to Record: Select one of the options below.				
<input type="checkbox"/> Mail to Requestor (Use address provided in Section I)				
<input type="checkbox"/> Mail To (If different than address in Section I)				
Name	Street Address	City	State	ZIP Code
<input type="checkbox"/> Email to Following Address:			<input type="checkbox"/> Fax to Following Number:	
PLEASE NOTE THE FOLLOWING:				
Traffic Crash Report on Public Roadway: Michigan traffic crash reports are available by visiting TCPS at www.michigan.gov/MSP Indiana traffic crash reports are available by visiting https://www.in.gov/isp/3147.htm				
Criminal History Record Michigan criminal history records are available by visiting ICHAT at www.michigan.gov/MSP Indiana criminal history records are available by visiting: https://www.in.gov/isp/CriminalHistory.htm				

Submit Form Via One of the Following Methods:

Mail To:

Pokagon Tribal Police Department
Attn: Records Department
58620 Sink Road
PO Box 100
Dowagiac, MI 49047

Fax: (269) 782-0036

Email To: [Jill.Hershberger@PokagonBand-](mailto:Jill.Hershberger@PokagonBand-nsn.gov)

nsn.gov **Or:** Beth.Klug@PokagonBand-nsn.gov

Or: Renee.Gallagher@PokagonBand-nsn.gov.

For Additional Information:

Phone: (269) 782-2232

Website: www.PokagonBand-nsn.gov

For Office Use Only

Approved Denied Referred to Tribal Attorney (date): _____

Supervisor Signature: _____ Date Faxed / Emailed / or Mailed: _____