



TOWNSHIP OF HOWELL
POLICE DEPARTMENT
DISCOVERY REQUEST

NAME: _____
(LAST) (FIRST) (M.I.)

CURRENT ADDRESS: _____

PHONE: _____

EMAIL: _____

SIGNATURE: _____ DATE: ____ / ____ / ____

HTPD CASE # _____

I hereby request from the Howell Township Police Records Bureau, discovery in the matter of:

I understand this search will be a “manual search only” and records will be produced in accordance with current court procedures governing discovery. If the requesting party stipulates that they are “Self-Representing”, confirmation from the court must be provided prior to the release of any records.

*****FOR OFFICE USE ONLY*****

CIRCLE ONE: REPRESENTING ATTORNEY SELF-REPRESENTED

Official Conducting Search/Release: _____

Date: ____ / ____ / ____