



## REQUEST FOR POLICE RECORDS

Name (Last, First, M.I.):	DOB:
Address:	Mailing Address (if different):
Email:	Phone Number:
Preferred Method of receiving records:	<input type="checkbox"/> Mail <input type="checkbox"/> Pick Up
Type of Record: <input type="checkbox"/> Crime Report <input type="checkbox"/> Traffic Accident Report <input type="checkbox"/> Other	
Associated Case Number : _____ Date of Incident: _____	
Party of Interest: <input type="checkbox"/> Person Involved <input type="checkbox"/> Property Owner <input type="checkbox"/> Authorized Individual (must provide notarized authorization)	<input type="checkbox"/> Attorney <input type="checkbox"/> Parent or Guardian of Juvenile <input type="checkbox"/> Other Party of Interest (Specify below) _____ _____
Was an arrest made? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>***Note that if an arrest was made and charges were filed by the District Attorney's Office, the DA's Office is the only agency that can release records.</b>	
I declare under penalty of perjury that <input type="checkbox"/> I am <input type="checkbox"/> I represent the party of interest identified in the police record heron.	
Signature: _____ Date: _____	
Office Use Only:	<input type="checkbox"/> ID Verified <input type="checkbox"/> Approved <input type="checkbox"/> Denied

Definitions of public records may be found in the Town Policy located in the Town Clerk's office. If a Request for Public Record is denied, the Town shall notify the applicant with an explanation within ten (10) days of receipt of the request. Any denial may be appealed in writing, within ten (10) days of the decision to deny the request. Within ten (10) days of receipt of an appeal, the decision will be reviewed by the Department Head/Staff Designee, consult with the Town Attorney as appropriate, confirm or reverse the decision, and notify the Department Head/Staff Designee and Requester, in writing, of the final determination.

COPY CHARGES: \$0.10 per page. CDs are \$3.00.

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