DARIEN POLICE DEPARTMENT

REQUEST FOR PUBLIC RECORDS

Date / Time Received

_____

_____

By:

_____

PLEASE PRINT

Requestor's Name: _____

Address: _____

City, State, Zip Code: _____

Telephone #: _____ Fax #: _____

E-Mail Address: _____

Please describe either the report number you are requesting or proper names, addresses, etc. to expedite the search.
NOTE: We will notify you within five (5) working days (Mon-Fri) as to the completion of this request.

Report #: _____ Description of Incident: _____

_____

_____

_____

_____

_____

Preference: ( ) Phone / Pick-Up ( ) E-Mail ( ) Fax

_____ _____

Signature of Person Making Request Date

Employee retrieving records: Name: _____ # _____ Date: _____
FOIA Officer Reviewed Name: _____ # _____ Date: _____
Employee redacting records: Name: _____ # _____ Date: _____
Date records are ready: Date: _____
Person Contacted ( ) YES Name: _____ Date: _____
Left Message: Date: _____

Accident Report $5.00 x Number of Reports _____ = $_____

_____ _____

Signature of Employee Releasing Documents Date

FEES CHARGED AFTER 50-PAGES OR FOR ELECTRONIC MEDIA

Revised 2-1-18