

MASSENA POLICE DEPARTMENT RECORDS REQUEST

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Business: _____ Fax #: _____

Record[s] being requested: [Please specify Incident, Criminal History, Accident Report, etc] **NOTE: Please allow a minimum of 48 hours to be processed. There will be a fee of .25 cents per copy.**

Occurrence Date: _____ Time: _____

Address where occurred: _____

Other Names Involved: _____

Please check below how you are involved:

Complainant Defendant Witness Victim Parent/Guardian Other

DATE: _____ SIGNED: _____

This form can be delivered to the Police Department or mailed at: Massena Police Department, 60 Main Street, Rm 7, Massena, New York 13662

Police Department Use:

Date Rec. _____ By: _____ Forward to Clerk: Yes No

Chief of Police: Approved Denied Other _____

Date: _____ Signed: _____

Clerk:

Action: _____

Date: _____ Signed: _____