

MASSENA POLICE DEPARTMENT RECORDS REQUEST

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Town: _____ State _____ Zip: _____

Record being requested (be specific):

Occurrence Date: _____ Time: _____ Location: _____

Brief description of the Incident: _____

How are you involved in this case? Complainant Defendant

Witness Victim Parent/Guardian Other _____

Other people involved in the incident? _____

DATE: _____ SIGNED: _____

This form can be delivered to the Police Department Clerk or mailed at: Massena Police Department, Town Hall Building – Suite 3, 60 Main Street, 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: _____