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| **Freedom of Information Act Request** |
|
| Name of Requestor: |  Name |
| Company Representing (or self): |  Company or Self |
| Current Mailing Address:  |  Mailing Address |
| City: |  City |  | State:  |  State |  | Zip:  |  Zip |  | Phone:  |  Phone |
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| How would you like to receive this report (please check):  | [ ] Email [ ] Fax [ ] Mail [ ] Pick up in person |
| Please provide Email, Fax Number, or Mailing address:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Email, Fax, or Mailing Address (for mailing address, can write “same as above”) |
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| Complaint number(s) of requested report:  |  Complaint Numbers (separate multiple by commas) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  Complaint Numbers (separate multiple by commas) |
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| *If complaint number unknown, provide a brief description (accident, robbery, property damage, ect)* |
| *and details of event (person involved, date of event, location of event, ect):* |  |  |  |  |  |  |  |  |  |
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| Signature of Requestor:  |   |  Name of Requestor |  | Date:  | Date  |
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| **Clerical Staff Use Only** |
| Processed By: |   |  | Date:  |   |