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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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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