



TOWN OF POUGHKEEPSIE POLICE DEPARTMENT

Request for Inspection of Records

Name			Date of Request
Address	City	State	Zip
Contact Telephone #		E-mail Address	
Specific Record Request (i.e.: Address, Person's Name, Business Name, etc)			

Date(s) & Time(s) of Occurrence(s)			
Blotter #(s) (If known)			
Investigating Officer(s) (If known)			

You will be notified within five (5) business days of the receipt of a written request for a record and the approximate date when the request will be granted or denied. Accessible records will be available for inspection at the Town of Poughkeepsie Police Department or it may be mailed to you. The Town of Poughkeepsie Police Department may charge \$.25 for each photocopied record. You will be notified of the copy charges.

DO NOT WRITE BELOW (OFFICE USE ONLY)

Request was submitted <input type="checkbox"/> In person OR via <input type="checkbox"/> Telephone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail	
Date of notification: <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone <input type="checkbox"/> By e-mail	
Authorization for inspection of record:	Date
<input type="checkbox"/> Inspection of record denied	Denied by:
Reason of denial:	
Officer releasing record or witness to inspection:	
Record mailing date:	
Fee charged: \$	Fee collected by: