

DARIEN POLICE DEPARTMENT

REQUEST FOR PUBLIC RECORDS

Date / Time Received

By:

PLEASE PRINT

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone #: _____ Fax #: _____

E-Mail Address (optional): _____

Please provide the report number you are requesting or describe the incident with names, addresses, time frame etc. to expedite the search.

NOTE: We will notify you within five (5) working days (Mon-Fri) as to the completion of this request.

Report #: _____ Description of Incident: _____

Preference: Phone / Pick-Up E-Mail Fax

Signature of Person Making Request

Date

Employee retrieving records: Name: _____ # _____ Date: _____

Employee redacting records: Name: _____ # _____ Date: _____

Person Contacted () YES Name: _____ Date: _____

Left Message: Date: _____

Accident Report \$5.00 x Number of Reports _____ = \$ _____

Signature of Employee Releasing Documents

Date

FEES CHARGED AFTER 50-PAGES OR FOR ELECTRONIC MEDIA