



**SUFFOLK POLICE DEPARTMENT FORM #500
FREEDOM OF INFORMATION ACT REQUEST**

Date: _____

Time: _____

1. Requestor Information

Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

(For use for responding to request, if acceptable)

2. Information Requested

CAD Report Accident Report IBR Report Other

Specific Information Requested:

For Department Use

Received by: _____

Date: _____

Time: _____

Response Completed by: _____

Date: _____

Time: _____