



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

Date: _____

Time: _____

1. Requestor Information

Name: _____

Address: _____

City, State, ZIP Code: _____

Phone Number(s): _____

(For use for responding to request, if acceptable)

Email Address: _____

2. Information Requested (Fees will Apply) (Please allow 5 business days for responses).

CAD Report Accident Report IBR Report Other

3. If the record requested involves a Juvenile, and you are the parent or guardian, please attach a copy of your photo ID and the child's Birth Certificate, Court Order, or another document indicating you are the parent or guardian.

Specific Information Requested:

For Department Use

Received by: _____

Date: _____

Time: _____

Response Completed by: _____

Date: _____

Time: _____