



234th

TOWN OF VERNON

DEPARTMENT OF POLICE

725 HARTFORD TURNPIKE
VERNON, CONNECTICUT 06066



Phone (860) 872-9126

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James L. Kenny
Chief of Police

FREEDOM OF INFORMATION FEES WAIVER REQUEST

Date: _____,

To: Records Supervisor Vernon Police Department

I have requested public records as defined by CGS 1-210. I have been advised the requested records will cost \$ _____. I am declaring under the penalty perjury that I am an indigent person. I do not have a source of income that will allow me to pay the fee. I do not have a sufficient amount of money in a bank account or other account that would allow me to pay the fee.

I request the fee be waived in accordance with CGS 1-212(4)(d)(1)

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Signature: _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public: _____ Date Commission Expires: _____