



# VERNON POLICE DEPARTMENT

## Freedom of Information Request

CGS §1-210

### CASE REPORT REQUESTS

ACCIDENT REPORT NUMBER: \_\_\_\_\_

INCIDENT REPORT NUMBER: \_\_\_\_\_

CRIMINAL HISTORY CHECK: \_\_\_\_\_

MISCELLANEOUS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REPORT REQUESTED BY:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

(If Company Vehicle)

SIGNATURE: \_\_\_\_\_

_____	PAGES/SIDES @ .50 PER PAGE OR SIDE	_____
_____	PHOTOS from film @ \$1.00 / print or actual cost of processing	_____
_____	DIGITAL IMAGE printed on photo quality paper \$2.00 per print	_____
_____	DIGITAL IMAGE printed on standard paper \$0.50 per sheet.	_____
_____	DIGITAL IMAGE digital format on CD disk \$1.00 per disk	_____
_____	POLAROIDS @\$2.00 / print or the cost to the Department	_____
_____	AUDIO CD disks \$1.00 / disk	_____
_____	AUDIO TAPES @\$2.00 / tape or cost to Department	_____
_____	VIDEO TAPES @\$2.00 / tape or cost to Department	_____

Special requests requiring outside vender will be at cost to Department

TOTAL: \_\_\_\_\_

RECORDS RELEASED BY: \_\_\_\_\_ DATE: \_\_\_\_\_