



# Seymour Police Department - Records Request

Report number: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Names of involved parties: Victim \_\_\_\_\_

Suspect \_\_\_\_\_

Purpose of Request (A complete explanation is required):

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

I understand the following:

- The Sunshine Law authorizes the Seymour Police Department to censor the report as deemed necessary
- I will be required to provide proof of identification
- I may be required to purchase the record
- Completion of this request does not guarantee my entitlement to the record
- If my request is denied, the reason for denial will be provided, if desired

### Requestors Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Involvement: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail  Pick up

Reviewed by: \_\_\_\_\_

Approved  Not Approved