



VERNON POLICE DEPARTMENT

Freedom of Information Request

CGS §1-210

PLEASE NOTE: WE DO NOT ACCEPT DEBIT/CREDIT CARDS

ACCIDENT \ INCIDENT REPORT NUMBER: _____

CRIMINAL HISTORY CHECK: _____

MISCELLANEOUS REPORTS/RECORDS (*Describe*):

REQUESTED BY: NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

COMPANY NAME: _____

(When applicable)

SIGNATURE: _____

_____ PAGES @ .50 PER PAGE OR SIDE _____

_____ LETTER OF GOOD CONDUCT - \$5.00 _____

_____ DIGITAL IMAGE (*photo quality paper*) -\$2.00 per print _____

_____ DIGITAL IMAGE (*plain copy paper*) - \$.50 per print _____

_____ DIGITAL IMAGES on disk - \$1.00 per disk _____

_____ VIDEO (*digital format*) on disk - \$1.00 per disk _____

_____ AUDIO RECORDING on disk - \$1.00 per disk _____

_____ OTHER: (*Special requests requiring services of an outside vendor will be billed at the cost to the Police Department*)

TOTAL: _____

Released by: _____ Date: _____