



GREENFIELD POLICE DEPARTMENT PUBLIC RECORDS ACT REQUEST FORM

A written request is not required, but may help if your request is complex, or you anticipate trouble. The following information is voluntary, do you wish to furnish the following information:

Yes No

Requester's Name: _____ Telephone: _____

E-Mail Address: _____ Fax: _____

Mailing Address: _____

What is the best way for this agency to contact you if you wish to remain anonymous?

E-Mail _____ Phone Number _____ Return in 10-Days

Identify Requested Record(s): _____

To be Completed by Law Enforcement Agency

Date Received: _____ Time Received: _____

Request Received By: Mail Fax E-Mail Phone Visit

Name of Law Enforcement Representative: _____

Determination: Record(s) Subject to Disclosure Record(s) NOT Subject to Disclosure

Date Requester Advised of Availability/
Non-Availability of Record(s): _____ Date Record(s) Made Available: _____

Number of Documents (approximately number of pages) Made Available: _____

Number of Copies Provided: _____ Amount Charged: _____ \$0

What Documents/Information Was Disclosed: _____

Additional Comments: _____
