



SOUTHURY POLICE DEPARTMENT

FOIA REQUEST FORM

Date: _____

Requestors Information:

Name: _____ Phone Number: _____

Type: Cell() Home () Work ()

Address: _____

_____ Email: _____

City: _____ State: _____ ZIP: _____

Please list/describe the document(s) you are requesting. Please be specific i.e., include date range and as much detailed information you can provide:

I agree to pay such fees and costs per FOIA Fees prior to the release of documents to me. I understand incidents containing audio, video, or photos, may be purchased on a flash drive for an additional cost of the actual cost of the electronic storage device. I agree to pay for postage if I request documents mailed to me.

Signature of Requestor

Department Use Only

Date FOIA Received: _____ Date FOIA Completed: _____
Date of Initial Response: _____ Date Request Picked-up, Mailed or Sent: _____
FOI #: _____

Total # of Pages: ___ = \$ _____ Flash Drive: \$ _____ CD/DVD: \$ _____ Postage: \$ _____ **Total Cost:** \$ _____