



# Genoa Police Department

Robert Smith  
Chief of Police

## Request for Public Records under the "Freedom of Information Act"

Date Requested: \_\_\_\_\_ Request Submitted by: \_\_\_\_\_ Email \_\_\_\_\_ U.S. Mail \_\_\_\_\_ Fax \_\_\_\_\_ In Person

Requestor's Name \_\_\_\_\_ (Please PRINT)

I wish to: \_\_\_\_\_ Inspect Only  
(Please Circle ONE) \_\_\_\_\_ Receive Copy

Mailing Address \_\_\_\_\_ (Please PRINT)

Purpose of request: \_\_\_\_\_ Private \_\_\_\_\_ Commercial

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Home) I wish to be contacted when my request is ready by:  
\_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mail

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(AREA CODE) Phone Number

\_\_\_\_\_  
(AREA CODE) Phone Number (Work)

|  |
|--|
| PERSON(S) INVOLVED:<br>(if Juvenile, your relationship to them)  |
| REPORT # OR CASE # (IF KNOWN)  |
| DATE (S) OF INCIDENT (IF KNOWN)  |
| LOCATION OF INCIDENT (IF KNOWN)  |
| Any additional information you provide will be helpful in locating the record(s). (This field is not mandatory.) |

\_\_\_\_\_  
**REQUESTOR'S SIGNATURE**

*The Agency will respond to your request within five (5) business days.*

### Office Use Only

DATE REQUEST DUE \_\_\_\_\_

DATE REQUEST GRANTED \_\_\_\_\_

DATE OF DENIAL LETTER \_\_\_\_\_

DATE OF FIVE-DAY EXTENSION LETTER \_\_\_\_\_

Your request has been approved in whole \_\_\_\_\_  
Your request has been approved in part \_\_\_\_\_  
Your request has been approved with redactions \_\_\_\_\_  
Your request is denied (see explanation) \_\_\_\_\_

There is no charge for requests less than 51 pages.  
Requests of 51 pages or more are 15 cents for each  
additional page. Photos and other media are an  
additional cost. TOTAL DUE: \_\_\_\_\_

This request has been prepared by:

\_\_\_\_\_  
Name & Title