



Genoa Police Department

Professional Service – Public Safety – Community Pride
 Patrick J. Solar, Ph.D.
 Chief of Police



FREEDOM OF INFORMATION REQUEST

Name of Requesting Individual	Address	Date
City & State	Phone	Best Time to Call

Type of Request:

- Retrieval and Duplication of Police Records / Reports
- Duplication of DVD

First 3 Pages: \$ 5.00
 Each Additional Page: .25
 Each: 25.00

Requests for Information Must be as Specific as Possible

Incident #	Officer	Date of Incident	Approximate Time
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Details of Incident:

The Department Will Respond to This Request within 7 Business Days

 Signature of Requestor

Office Use Only

Received By: _____ Date _____ Time _____

This Request for Information is Unqualified (Approved) Qualified (Denied) Restricted
If Restricted or Qualified, please explain below.

Official Signature	Date	Notification by: <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person
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Qualified (Justification for Denial):

Restricted (Details of Request Review and Disclosure):

Receipt of Requested Reports, DVD, or Qualified Request

 Signature _____
 Date