



IRVINGTON POLICE DEPARTMENT
 85 MAIN STREET
 IRVINGTON, NEW YORK 10533
 (914) 591-8080
 www.irvingtonpolice.com

OFFICIAL USE

REQUEST FOR COPY OF POLICE RECORDS

<p>Check One</p> <p><input type="checkbox"/> Mail-In</p> <p><input type="checkbox"/> In person request</p>	<ol style="list-style-type: none"> 1. Information MUST be typed or printed. Incomplete information may result in the return of your application. 2. In person requests will be completed FREE of charge. 3. Mail in requests must be accompanied by a check or money order for \$10.00, payable to the Village of Irvington. This is a search and service fee. 4. Crime victims will not be charged for the related report in either circumstance. 5. Copies of reports will be mailed as requested by the Irvington Police Department within 5 to 7 days upon receipt of request.
CHECK RECORD DESIRED	

AIDED REPORT POLICE ACCIDENT REPORT EVENT (BLOTTER)
 COMPLAINT REPORT OTHER (specify) _____

DATE OF REPORT	TIME OF REPORT	EVENT #
TYPE OF INCIDENT REPORTED TO POLICE		EXACT LOCATION WHERE INCIDENT TOOK PLACE

<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<p>← NAME AND ADDRESS OF PERSON TO WHOM RECORD IS TO BE MAILED SHALL BE PRINTED OR TYPED IN THIS SPACE BY APPLICANT</p>
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APPLICANT'S NAME (<i>PRINT</i>)	APPLICANT'S SIGNATURE	DATE
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FOR POLICE DEPARTMENT USE ONLY

RETURN DATA

Enclosed please find a certified copy of the police report you requested.

After a diligent search, the record you requested cannot be found.

Your request has been denied.

Reason for denial: _____

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL FOR THIS APPLICATION TO THE VILLAGE ATTORNEY WHO MUST FULLY EXPLAIN THE REASONS THAT SUPPORT SUCH DENIAL IN WRITING.

REVIEWING SUPERVISOR SIGNATURE	DATE	TIME
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