

West Haven Police Department

200 Sawmill Road
West Haven, CT 06516

Sgt. Marcus Tavares
Records Sergeant of Records

FREEDOM OF INFORMATION ACT REQUEST FORM

Freedom of Information Act: (FOIA), 5 U.S.C., section 552

PLEASE COMPLETE THE FOLLOWING INFORMATION

Date Requested: _____

Requestor's Name: _____

Requestor's Address: _____

Requestor's Phone No.: _____

Requestor's Email: _____

SPECIFIC INFORMATION REQUESTED

(IF THE REQUEST IS UNCLEAR, IT COULD PREVENT THE DEPARTMENT FROM PROVIDING THE INFORMATION)

Date(s) of Incident(s): _____

Location(s) of Incident(s): _____

Type of Incident(s): _____

Person(s) Involved: _____

Relationship to you: _____

Information Requested: _____

The West Haven Police Department will notify you by phone or email when your request is complete. All fees are payable upon receipt of the document(s).

Signature of Requestor: _____

Records Room - (203) 937-3920 /Records Fax - (203) 933-6101
Sgt. Tavares email - MTavares@whpd.com