

Chief of Police

Dolgeville Police Department

41 North Main St., Dolgeville, NY 13329 (315) 429-8231 fax: (315) 429-9409 police@villageofdolgeville.com

Request for release of police report under Freedom of Information Law

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Your Name and Date of Birth:	Your Address:	Phone Number:
Type of Information Requested: Incident report	Type of Complaint:	Date of Incident:
Other Name(s) on the Report:	Complaint Number if known:	Reason for Request:
police report and no other ass that police reports that are ser or sex offenses, may not be re be released, nor will reports w I have read the foregoing and	e reports pertaining to the inform of Information Law. I understand ociated documents including stansitive in nature, such as drug of eleased. I also know that open otherein criminal prosecution has understand that a FALSE STATA" MISDEMEANOR PURSUANT	I that I am entitled only to the tements. I also understand fenses, juvenile complaints, or pending complaints will not begun and is not completed. EMENT MADE HERFIN IS
Signature of person making re	quest	
The copy of the requested doc	uments is included with this letter.	
Your request has been denied	based on the following reason:	*
☐ This incident is still a ☐ Information contained ☐ Information contained ☐ Information contained	eing investigated. Re-apply in 30 d waiting prosecution. Re-apply in 3d I therein involves juveniles. I therein involves a victim of a sex of I therein involves confidential infor I therein involves law enforcement	0 days. offense. mants.
Robert A. Thomas, III		a a