Village of Summit Police Department
Open Records Request

Requested By: _____ Report #: _____

Address: _____

City: _____ State: ____ Zip: _____ Phone: _____

Specific Record(s) Requested: _____

_____

_____

_____

_____

Date of Request: _____ Time: _____ By Mail: ___ Fax: ___ Phone: ___ In Person ___

Date Distributed: _____ Time: _____ By Mail: ___ In Person: ___ Other: _____

Request Approved: _____ Denied: _____ By: _____

Reason for Denial: _____

_____

_____

Fee for reports is $0.25 per page – Fee for photos/video is $25.00 per CD/DVD

Pages Copied: _____ @ $0.25/per page = $_____

Photos/Video Copied: _____ @ $25.00/per CD = $_____

Postage: $_____

Total Due: $_____