

City of Coleraine Data Request Form – Police Department

- A. Completed by the requestor:** If applicable, also attach copy of consent for release of data.

Requester Name: (Required if requesting not public data)	Date of Request:
Address: (Optional for notification/mailling purposes)	Phone Number:
Description of the information requested: (attach additional sheets if necessary)	

NOTE: The Police Department will notify you when you may pick up the report. The request of three (3) or more reports will incur a processing fee. Reports will only be held for a period of 10 business days from the date you are notified. Second request for reports, after failure to claim original report request, will result in significant labor and copying charges.

- B. Signature:** If form is mailed and includes a request for data that is not public, sign this form and have your signature notarized.

Signed:
Acknowledged before me on this _____ day of _____, 20____.
_____ NOTARY PUBLIC

- C. Completed by Department**

Department Name:	Handled by:
Information Classified as: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Confidential <input type="checkbox"/> Non-public <input type="checkbox"/> Protected non-public	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved in part (Explained below) <input type="checkbox"/> Denied (Explain below)
Remarks or basis for denial including statute section:	
Authorized Signature:	Date:
Date Notified:	