

# MASSENA POLICE DEPARTMENT RECORDS REQUEST

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Town: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Record being requested (be specific):

\_\_\_\_\_  
\_\_\_\_\_

Occurrence Date: \_\_\_\_\_ Time: \_\_\_\_\_

How are you involved in this case?

Defendant     Witness     Victim     Parent/Guardian

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

This form can be delivered to the Police Department Clerk or mailed at: Massena Police Department, Town Hall Building – Suite 3, 60 Main Street, Massena, New York 13662

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**Police Department Use:**

Date Rec. \_\_\_\_\_ By: \_\_\_\_\_ Forward to Clerk:  Yes  No

**Chief of Police:**  Approved  Denied  Other \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**Clerk:**

Action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_