



Cheektowaga Police Department

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David J. Zack, Chief of Police

APPLICATION TO INSPECT POLICE RECORDS FREEDOM OF INFORMATION (FOIA) REQUEST FORM

APPLICATION INFORMATION

Name_____

Address_____

C/T/V/State/Zip_____

Phone Number(s)_____

Date_____

RECORD INFORMATION – Please fill in as much information as is known about the requested record(s).

Title/Subject/Nature of record_____

Complaint number_____

Approximate date(s)_____

Address of Occurrence_____

General Description of Record_____

**YOU WILL BE NOTIFIED WHEN THE REQUESTED
RECORDS ARE AVAILABLE.**