

POLICE DEPARTMENT
CITY OF WINOOSKI
802- 655-0221- Phone
802-655-6427- Fax
www.winooskipolice.com



CHIEF OF POLICE
RICHARD HEBERT
802-655-0221 Ext 18

Records Request Form

ALLOW 10 DAYS TO PROCESS YOUR REQUEST

Date of Request: _____ Type of Incident: _____

Date of Incident: _____ Location: _____

Incident/ Case Number: _____

Requested by- First Name: _____ MI: _____ Last Name: _____

Phone: _____ Date of Birth: _____

Mailing Address: _____

City/Town: _____ State: _____ ZIP: _____

Purpose of this Investigated report is: (If for court, indicate court date)

Parties Involved: _____ Date of Birth's: _____

Are you the victim or complainant? Yes _____ No _____

Law Enforcement investigative police reports are exempted from the Vermont Public Records Law as prescribed in Title 1 VSA section 317 (c) (5)

Insurance Companies need to state your Insured's Date of Birth, as well as, Driver's Full Names and mailing address:

Attorneys need to state whom they represent, their Date of Birth and type of report:

Incomplete forms may be returned for further information.

Identification Required.

Verified By: _____ Photo License: _____ Other: _____

Approved: _____ Denied: _____ Need Subpoena: _____

ALL REQUESTS TO BE MAILED MUST INCLUDE A SELF ADDRESSES, STAMPED ENVELOPE.