



**Vermillion Police Department**  
**South Dakota Freedom of Information Act**  
**REQUEST FOR PUBLIC RECORDS**

*requester: Please read request form before completing applicable areas of the form*

<p><b>Name of Requester:</b> _____</p> <p><b>Company (If Any):</b> _____</p> <p><b>Street Address:</b> _____</p> <p><b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____</p> <p><b>Telephone:</b> _____</p> <p style="margin-left: 40px;">Area Code: (_____) Number: _____</p>	<p><b>Method of Access Desired</b></p> <p><input type="checkbox"/> Copies to be Mailed (additional postage will be collected)          Address (if different from that given at left) _____</p> <p>_____</p> <p><input type="checkbox"/> Copies to be picked up at police department after being notified they Are prepared.</p>
<p><b>Your Client or Insured:</b> _____</p> <p><b>Your File Number:</b> _____</p>	<p><b>Signature of Requester:</b> _____ <b>Date:</b> _____</p>
<p><b>Name Referred to in Record:</b> _____</p> <p><b>Date of Birth:</b> _____ <b>Drivers License No.</b> _____</p>	<p align="center"><b>Department Use Only</b></p> <p><input type="checkbox"/> Telephone  <input type="checkbox"/> In Person</p> <p>Departmental Member Receiving Request:          Date: _____ Time _____          Complaint Number(s): _____ File #: _____</p> <p><input type="checkbox"/> Copy of Requested Records Attached  <input type="checkbox"/> Requested Records Unavailable : Refer to States Attorney's Office  <b>Recommendation On Release of Records</b></p> <p><input type="checkbox"/> Release  <input type="checkbox"/> Partial Denial (Personal Information):  <input type="checkbox"/> Copies Denied Refer to States Attorney's office:  <input type="checkbox"/> Full Denial (Reason): _____</p> <p>_____</p> <p><b>Signature of Chief of Police or:</b> _____ <b>Date:</b> _____          Captain</p> <p>_____</p> <p><b>Records Use Only</b>  <b>Notification Date to Requester :</b> _____ <b>Time:</b> _____</p>
<p><input type="checkbox"/> Complaint Report          (Give Report Number, If Known): _____</p> <p><input type="checkbox"/> Traffic Accident Report          * Please see the Records Clerk regarding accident reports</p> <p><input type="checkbox"/> Background Check</p> <p><input type="checkbox"/> Other Record (Describe)          _____          _____          _____          _____</p>	
<p><b>Date of Event (Be Specific):</b> _____</p> <p><b>Location of Event (Be Specific):</b> _____</p> <p><b>Specific Event to Which Record Refers:</b>          _____          _____          _____          _____          _____</p>	
<p><b>Purpose of Request:</b>      <b>Insurance</b> _____ <b>Legal:</b> _____</p> <p><b>Other:</b> _____</p>	<p><b>Review Time:</b> _____ x Rate _____ = Review Cost _____</p> <p><b>Postage:</b> _____ x Rate _____ = Review Cost _____</p> <p><b>Number of pages:</b> _____ x Rate <u>\$2.00 per page</u> = Cost _____</p> <p><b>DVD or CD Duplication</b> _____ x Rate <u>\$10.00</u> = Copy Cost _____</p> <p><b>Photographs (Pages)</b> _____ x Rate <u>\$2.50</u> = Copy Cost _____</p> <p><b>Cost to Requestor</b> \$ _____</p> <p>Revised 4/09/jlm</p>