



Office of the
YATES COUNTY SHERIFF

(Office use only) CR _____
(Amended 2/10/2016)

To be completed by the person making the request:

Name (also include maiden name): _____

Address: _____
Street City State Zip code

Home phone: _____ Cell phone: _____

I, _____ request under the Freedom of Information Law, the following
(Your name)
records on _____ DOB: _____ (include case number or date if known)
(Name)

_____ Arrest Report (CR#/Date _____) _____ Domestic Report (CR#/Date _____)

_____ MVA Report (CR#/Date _____) _____ General Report (CR#/Date _____)

_____ Fire Investigation Report (CR#/Date _____)

_____ Computer Aided Dispatch (CAD) Entires (CR#/Date _____)

_____ Other (please identify in detail the records you are requesting such as written statements, accusatory instruments, photographs, uniform traffic tickets, parks and recreation tickets, etc.)

RECORDS OF CALLS, IN ANY FORM, MADE TO THE COUNTY'S E911 SYSTEM SHALL NOT BE MADE AVAILABLE TO OR OBTAINED BY ANY ENTITY OR PERSON. (SEC. 308(4) NYS COUNTY LAW)

PER LAW, FOR REQUESTS ARE ANSWERED WITHIN 5 BUSINESS DAYS OF RECEIPT (EXCLUDING SATURDAYS, SUNDAYS, AND HOLIDAYS).

Signature: _____ Date: _____

