



**TOWN OF DEERFIELD
POLICE DEPARTMENT**
Office of the Police Chief
JOHN P. PACIOREK, JR.



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Public Records Request Form

It is the goal of the Records Division of the Deerfield Police Department to provide the public with access to all information defined as public by law or regulation, while maintaining the confidentiality of information exempted from release. So that we may fully comply with all laws and regulations, ***records requested will be mailed/mailed within ten (10) business days of your request.***

Name of Principal Party Involved: _____

Location of Incident: _____

Date and Time Occurred or Reported: _____

Your Name: _____

Relationship to principle party: _____

Your Address: _____
Street Town State Zip

Phone Number: (____) _____ - _____

Email: _____

Signature: _____ Date: _____

Additional Information:

_____ For Records Division Only _____

Incident #: _____ Accident #: _____ Arrest #: _____

Completed on ____/____/____ by _____ left at dispatch in hand mailed unavailable