

Town of Trinity
Information Request Form

Requestor's Name _____ Date _____

Mailing Address: _____ Phone _____

Information to be: Picked up _____ OR Mailed _____
(please check one)

Specific information requested (dates required for all police report Requests):

Reason information requested _____

Deadline information needed (if any) _____

Request received by: _____ Date _____

Department Information Requested From: _____

Date information delivered: _____

By: _____ Department: _____

Public Records

\$10.00 for accident reports

\$5.00 for incident reports

IF readily available

\$10.00 per hour if not readily available

\$0.25 per page copying fee