

David C. Ortolano
Chief of Police



Richard Kaus
Captain

CITY OF DUNKIRK POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, have identified myself to the Dunkirk Police Department Desk Sgt./Officer or Department Clerk and hereby authorize and request the release of any information you may have on file that concerns me personally. I hereby release the Dunkirk Police Department and any of its agents or employees of any and all responsibility with regards to the releasing of this information to me. There is a \$15.00 fee for each copy requested. Requests will be processed within 10 business days. You may request expedited processing (2-3 days) for an additional \$15.00.

Signature of above person making request

Address and Phone Number

Date of Birth

Maiden Name and any other Alias

Social Security Number

Sworn to this date _____

By _____
Signature of Officer releasing information.

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