



# Plymouth Police Department

80 Main Street, P.O. Box 34

Terryville, CT 06786-0034

Phone: 860-589-7779

Fax: 860-585-4025

[ppdrecords@plymouthct.us](mailto:ppdrecords@plymouthct.us)



The Connecticut Freedom of Information Act (FOIA) gives you the right to request and obtain records of public agencies within certain limitations. The Town has no obligation to and may not perform analytical work, studies, investigations, calculations, program reviews or create any special/customized document/materials or retrieval in response to a FOIA request. Only public documents/records that currently exist are subject to the law. There is an established retention schedule for all Town Records per the Connecticut State Library. Records that have exceeded the required retention may no longer be available.

## **FOIA Request:**

To make a request under the Freedom of Information Act (FOIA), please review our guidelines and FOIA Request Form. Anyone may request public records, and a purpose does not need to be stated. There are no restrictions on the use of the records. The allotted initial response time for Connecticut open records requests is four (4) business days for the agency to acknowledge receipt of the request. The FOIA request to the Town of Plymouth should be in writing, detailing the type, subject matter, date(s) of the records requested, and format to receive document(s). Authorizations and/or other documentation should be attached if needed. You may pick up an FOIA Request Form at the Plymouth Police Department or find one on the Town of Plymouth website at [www.plymouthct.us/Police/](http://www.plymouthct.us/Police/)

## **FOIA Fees (See Summary of Charges):**

Please be advised that you or your designated representative will be offered the opportunity to review responsive documents or materials at no charge. However, there will be charges associated with allowing you to electronically scan materials and/or providing you with your own copies of materials to accommodate your request. The fees will be charged in accordance with Connecticut General Statutes (CGS §1-212), FOI Commission, and Town of Plymouth Policies. FOI charges will not supersede allowable fees. The Town is entitled to require prepayment of fees of ten (10) dollars (\$10.00) or more in accordance with Connecticut Statute (CGS §1-212(c)). The requester will be advised in writing of the cost to provide the information prior to the request being fulfilled by the Town. A brief summary of charges for fulfilling FOIA requests is attached.

## **Summary of Charges:**

A copy of an existing record, non-certified pages [CGS 1-212(2)]

*Two (2) sided documents are two (2) pages*

\$0.50 cents per page

CD's/DVD

\$5.00 each

## **To Submit an FOIA Request:**

Completed forms must be submitted to the Plymouth Police Department in person, by mail (P.O. Box 34, Terryville CT 06786-0034), or email to the Department. Please note that your request is also a public record and subject to disclosure.



# Plymouth Police Department

80 Main Street, P.O. Box 34  
Terryville, CT 06786-0034  
Phone 860-585-7779  
Fax 860-585-4025

[ppdrecords@plymouthct.us](mailto:ppdrecords@plymouthct.us)



DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING:

1. Please list/describe the document(s) you are requesting. Please be specific, i.e. include date range, and exact information. If you are not sufficiently specific, we may not be able to identify the document(s), and this may delay your request:

\_\_\_\_\_

\_\_\_\_\_

2. Receipt of documents: \_\_\_\_\_ Review documents **OR** \_\_\_\_\_ Receive copies

3. Format to receive document(s): \_\_\_\_\_ Paper Copies **OR** \_\_\_\_\_ Other Electronic Media

I agree to pay such fees and costs per FOIA Fees (per Summary of Charges) prior to the release of documents to me. I understand that payment is due to the Department from which I am requesting records. I understand that the fees may be waived if I, the requester, am receiving public assistance or can demonstrate other facts showing my inability to pay due to indigence (CGS § 1-212(d) (1).

Signature of Requester: \_\_\_\_\_

#### Department Use Only:

Date FOI Request Received: \_\_\_\_\_ Date Request Completed: \_\_\_\_\_  
Date of Initial Department Response: \_\_\_\_\_ Date Request Picked-up/Sent: \_\_\_\_\_

# of pages: \_\_\_\_\_ x (\$0.50/pg.) = \$ \_\_\_\_\_ + Media: \$ \_\_\_\_\_ = Total Cost: \$ \_\_\_\_\_ Payment: \$ \_\_\_\_\_

Department Signature: \_\_\_\_\_

**Hit Grey Box Below to  
Submit By Email**

**Submit Email**