



Erie County
Sheriff's Office

Freedom of Information Law

*This form is **NOT** intended for use as an appeal.
Refer to link below for more information*

INSTRUCTIONS

- All requests must be made in writing. Please use this form to assist you in structuring your request
- Within five (5) business days this agency will respond to your request for records with a written acknowledgement of receipt.
- All applicable fees must be collected before any legally releasable record(s) are provided. This information will be clearly stated in the acknowledgement letter.
- Submit completed form by email psdfoils@erie.gov or by mail to 40 La Riviere Drive Buffalo, NY 14202

Requestor Information (Required)

Date (mm/dd/yyyy)	Prefix	Name (Last, First, MI)	Suffix	Phone #
-	-	MuckRock News DEPT MR 132064	-	-
Mailing Address		City	State	Zip
263 Huntington Ave		BOSTON	MA	02115
Person You Represent (Last, First MI)				
-				
Your Firm/Organization Name (if applicable)				
-				
Firm/Organization Address		City	State	Zip
-		-	-	-

Record Information

Identify or describe the government record(s) sought with detailed information to assist this agency in locating the record(s)

Incident # (if available)	Incident Type	Incident Date (mm/dd/yyyy)	Incident Time (am/pm)
unknown	-	-	-
Incident Location			
ORCHARD PARK & WESTERN NEW YORK			
Name of Involved Individual(s) (Last, First, MI)			DOB (mm/dd/yyyy)
CARTER, KEVIN, M.			12/27/1958



Briefly Provide Other Descriptive Information on Record(s) Sought:

1. Any and all police reports, complaints, and narratives regarding the following address:
14 Hilltowne Dr., Orchard Park, NY 14127 between the following time frame: 01/01/2000 - 6/20/2024.

2. Any and all police reports, complaints, and narratives regarding the following person between the following time frame: 01/01/2000 - 06/20/2024

(FIRST, M, LAST) KEVIN M. CARTER
DATE OF BIRTH: 12/27/1958

****I am requesting the ERIE COUNTY POLICE DEPARTMENT provide a certification letter certifying the correctness for all responsive documents regarding this request. Pursuant to NYS FOIL §89 III (a) states in part "the entity shall provide a copy of such record and certify to the correctness of such copy if so requested". Thank you for your attention and cooperation regarding in this manner. ****

XX END XX

Additional Information – Used for Statistical Purposes.

- I am an individual seeking information for personal use
- I am affiliated with an educational or non-commercial scientific institution, and this request is made for scholarly or scientific purposes
- I am a representative of, or affiliated with, the news media and this request is made as part of a news gathering effort
- I am affiliated with a private corporation and am seeking information for use in the company's business for commercial purposes
- I am affiliated with a private corporation and am seeking information for use in the company's business for non-commercial purpose