

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 <u>psdfoils@erie.gov</u> or by mail to 40 La Riviere Drive Buffalo, NY 14202

Requestor Information (Required)									
Date (mm/dd/yyyy	Prefix	refix Name (Last, First, MI) Suffix			Phone #				
		MuckRock News DEPT MR 13	2064	4					
Mailing Address	Aailing 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 availabl	e) Inc	cident Type	Incident Date (mm/dd/yyy) Incident Time (am/pm)						
unknown		ILLEGAL DRUGS		UKNOWN					
Incident Location	•								
UNKNOWN									
Name of Involved Individual(s) (Last, First, MI)						DOB (mm/dd/yyy)			
CARTER, NIKO, J.						09/24/1990			



Erie County Sheriff's Office

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

 Any and all police reports, complaints, and narratives regarding the following address: 123 Meadow PI Unit A, Cheektowaga, NY 14225 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) NIKO J. CARTER DATE OF BIRTH: 09/24/1990

https://www.wivb.com/news/local-news/erie-county/suspended-erie-county-jail-deputy-charged-with-conspiring-to-sell-contraband-to-inmates/

****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.
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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