



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](mailto: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 #
Mailing Address		City	State	Zip
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)
Incident Location			
Name of Involved Individual(s) (Last, First, MI)			DOB (mm/dd/yyyy)



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

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 and or legal purposes
- I am affiliated with a private corporation and am seeking information for use in the company's business for non-commercial purposes