

LAKE PLACID POLICE DEPARTMENT
VICTIM NOTIFICATION FORM

OFFENDER: _____ HCCN- _____

ARRESTING OFFICER: _____ CASE #* _____

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VICTIM NOTIFICATION INFORMATION

NAME: _____ (VICTIM OR NEXT OF KIN)

ADDRESS: _____

CITY: _____ PHONE: _____ (H) _____ (W)

PUBLIC RECORDS EXEMPTION

As a victim of one or more of the following crimes (sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence), you may request an exemption prohibiting the disclosure of information to the general public which reveals your home and work phone numbers, home and work addresses, and personal assets not otherwise held confidential or exempt from the provisions of the Public Records Law FSS 1 1 9.07.

Do you wish to exercise this right? Yes _____ No _____

Victim's Signature _____ Date: _____

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DETENTION NOTIFICATION LOG

Person Contacted _____ Date: _____

TIME	OFFICER'S NAME	REMARKS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____