



HUDSON FALLS POLICE DEPARTMENT
FREEDOM OF INFORMATION ACT
REQUEST FORM



To: Records Access Officer
Hudson Falls Police
218 Main Street
Hudson Falls, N.Y. 12839

Name:
Email:
Phone:
Street:
City:
State/Zip:

I, do hereby apply to inspect the following record:
(Be specific, names of persons involved, incident, address)

[Blank lines for record details]

(Signature)

(Date)

FOR AGENCY USE ONLY

APPROVED: DENIED: * for the following reason

- Confidential Disclosure
Unwarranted invasion of personal privacy
Part of Investigatory Files
Record not maintained by this agency
Record of which this agency is legal custodian cannot be found
Exempted by statute other than Freedom of Information Act
Other:

FOIL request for records will be accepted in Village Hall during business hours 8:30 am to 4:30 pm

NOTICE: You have 30 days to appeal a denial of this application with the Chief of Police, who must fully explain the reasons for such denial in writing within 10 days of receipt of your appeal.

** Please note that there will be a \$.25 charge per photocopy for each page of each incident report requested. There will be a \$5.00 charge for all accident reports requested.