

**COHOES POLICE DEPARTMENT
F.O.I.L. REQUEST FORM**

TO: RECORDS ACCESS OFFICER

IN ACCORDANCE WITH THE FREEDOM OF INFORMATION LAW, I request to inspect the following records.

TYPE OF INCIDENT: _____
DATE/TIME OF INCIDENT: _____
INCIDENT LOCATION: _____
NAMES OF INVOLVED: _____
REASON FOR REQUEST: _____
REPORTS REQUESTED: _____
OTHER INFORMATION: _____

REQUESTOR'S NAME: _____
DATE OF REQUEST: _____
ADDRESS & ZIP CODE: _____
PHONE NUMBER: _____
E-MAIL: _____ **FAX** _____
REPRESENTING: _____

Note: There is a \$.25 charge for each photo copy that is payable prior to such records being released. There may be an additional charge for pictures and other special documents. A representative from the department will contact you and will advise you of the status of your request and the total charge applied.

REQUEST APPROVED: _____ (Comments _____)

REQUEST DENIED: _____ Confidential disclosure (ongoing investigation)
_____ Unwarranted invasion of privacy.
_____ More information needed to process request.
_____ Record not maintained by this department.
_____ Record can not be found.
_____ Exempted by statute other than the Freedom of Information Law

AUTHORITY: _____

TOTAL CHARGE: _____

Please email completed form to cohoespd-foil@ci.cohoes.ny.us