



Whitehall Police Department

57 Skenesborough Drive
Whitehall, NY 12887
Station Phone/Fax (518)499-1316

Freedom of Information Law (FOIL) Request Form

To: **Records Officer**
Whitehall Police Department
57 Skenesborough Drive
Whitehall, NY 12887

REQUESTOR	From: _____
	Address: _____
	Phone: _____

I, _____ do hereby request a copy of the following record(s),
Full Name of Requestor

(You Must Provide - Date of Incident, Case Number, or other Identifying Information in order for Request to be processed)

Purpose of Request: _____

Date of Request

Signature of Requestor

AGENCY USE ONLY - AGENCY USE ONLY

APPROVED

DENIED * Reason Documented Below

- Confidential Disclosure
- Unwarranted Invasion of Privacy
- Part of Investigative Files
- Record Not Maintained by this Agency
- Record No Found by this Agency
- Exempted by Statute other than FOIL
- Other: _____

FORM DETAILS / INSTRUCTIONS

Application for public access to records will be accepted during business hours 6:00am - 2:00pm, Monday-Friday, or by mail.

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

**** Please note there will be a \$0.25 charge per photocopy for each page of each report requested. Motor Vehicle Accident Reports carry a mandatory fee of \$15.00.**