

COHOES POLICE DEPARTMENT

Cohoes City Hall • 97 Mohawk Street
Cohoes, New York 12047

REQUEST FOR INFORMATION

(PLEASE PRINT CLEARLY)

TO: CHIEF OF POLICE (OR HIS DESIGNEE)
FROM: NAME: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____
REPRESENTING: _____

DATE: _____

I REQUEST INSPECTION OF THE FOLLOWING RECORD(S):

TYPE OF REPORT (*ACCIDENT, ARREST, INCIDENT, ETC.*): _____

REPORT NUMBER: _____

DATE AND TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

NAME(S) OF ALL PARTIES INVOLVED IN THE INCIDENT: _____

FURTHER INFORMATION: _____

REASON FOR REQUEST: _____

PLEASE READ CAREFULLY: BE ADVISED THAT YOUR REQUEST FOR INFORMATION WILL BE REVIEWED AND COMPLETED AS SOON AS POSSIBLE. THE DEPARTMENT WILL MAKE EVERY EFFORT TO REVIEW YOUR REQUEST WITHIN FIVE WORKING DAYS. DEPENDING ON THE TYPE OF REQUEST, REASON FOR THE REQUEST AND THE NATURE OF THE INFORMATION REQUESTED IT MAY BE NECESSARY TO FORWARD THIS REQUEST TO ANOTHER OFFICE FOR REVIEW OR FOR YOU TO FILE A FREEDOM OF INFORMATION LAW (FOIL) REQUEST WITH THE CITY CLERK'S OFFICE. A REPRESENTATIVE FROM THE POLICE DEPARTMENT WILL NOTIFY YOU OF SUCH. BE ADVISED THAT YOU DO HAVE THE RIGHT TO FILE A FOIL REQUEST WITH THE CITY CLERK'S OFFICE AT ANY TIME. HOWEVER, WE HAVE PROVIDED YOU WITH THIS FORM IN AN EFFORT TO SPEED UP THE PROCESS, AS IT IS OFTEN NOT NECESSARY TO FILE A FOIL REQUEST. THANK YOU FOR YOUR COOPERATION.

NOTE: YOU MUST PICK UP YOUR INFORMATION IN PERSON DUE TO THE FACT THAT THERE IS A **\$.25 CHARGE PER PHOTOCOPY (IF APPLICABLE)** PAYABLE AT THE TIME YOU PICK UP YOUR COPIES. YOU WILL BE RESPONSIBLE FOR THE COST OF DEVELOPMENT FOR ANY PHOTOGRAPHS, VIDEO TAPES ETC. (IF REQUESTED), AND FOR ANY ADDITIONAL CHARGES FOR OTHER PROCESSING NECESSITIES.

FOR AGENCY USE ONLY

APPROVED

DENIED (*CHECK REASON BELOW*):

CONFIDENTIAL DISCLOSURE, PART OF AN ONGOING INVESTIGATION

UNWARRANTED INVASION OF PRIVACY

RECORD COULD NOT BE LOCATED WITH THE INFORMATION PROVIDED ABOVE

RECORD OF WHICH THIS AGENCY IS LEGAL CUSTODIAN CAN NOT BE FOUND

RECORD IS NOT MAINTAINED BY THIS AGENCY

EXEMPTED BY STATUTE OTHER THAN THE FREEDOM OF INFORMATION ACT

OTHER (SPECIFY):

ORIGINAL REQUEST RECEIVED BY: _____

NAME/TITLE

DATE