

(Please Type or Print Your Request)

APPLICATION FOR ACCESS TO RECORDS / RECORDS INFORMATION
F.O.I.A FORM

TO: HIGHLAND FALLS POLICE DEPARTMENT

I hereby request **COPIES / INSPECTION** of the following records:
(circle one)

Date Incident Occurred: _____

Address Incident Occurred: _____

Type of Incident that Occurred: _____

DATE

SIGNATURE

(Work/Cell) Phone

Print Name

(Home) Phone

Mailing Address

SUBMIT TO: Highland Falls Police Department
Chief of Police / Officer in Charge
301 Main Street
Highland Falls, NY 10928

Telephone: 845-446-4911
Fax: 845-446-0384

Approved _____

Denied _____

Date / Initials when information picked up/mailed/faxed _____