

WARWICK POLICE DEPARTMENT

Warwick Town Hall * 132 Kings Highway
 Warwick, NY 10990

F.O.I.L. REQUEST
 (Please Print Clearly)

FROM: Name: _____
 Mailing Address: _____
 Phone Number: _____
 E-mail Address: _____
 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. 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 of any photographs, video tapes etc. (if requested), and for any additional charges for 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 information provided above
	Record of which this agency is legal custodian cannot be found
	Record is not maintained by this agency
	Exempted by statute other than Freedom of Information Act
	Other (Specify)

Original Request Received By: _____
 Name/Title _____ Date _____