FOIL#	
DUE DATE	

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	
Approve	1	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 foun		
	Record is not maintained by this agency		
	Exempted by statute other than Freedom of Information Act Other (Specify)		
	,	other (Specify)	
Original Request Received By:			
- 1.0		Name/Title Date	