FOIL Request for Records

Records Access Officer
Geneseo Police Department
119 Main Street, Geneseo, NY 14454
Fax: 585-243-2443

DATE: _____

Re: Request for Records

Dear Records Access Officer:

Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request a copy of records or portions thereof pertaining to (or containing the following)

_____

_____

_____

_____

 (identify/describe the records & provide all detailed information, include dates of records if possible).

Number of pages: _____   There is a $.25 fee per page for the records requested, please pay the Village Clerk. The Village Clerkø Office is available from 9am to 4pm.

The Freedom of Information Law requires that an agency respond to a request within five business days of receipt of a request. If for any reason a portion of your request is denied, you will be notified in writing.

_____   _____
            Signature   Print Name

_____
            Address   City   State   ZIP code

_____
            Phone Number

I would like to receive the above records by:

☐ I will pick up documents   ☐ Fax   ☐ Mail, please supply envelope & postage

Fax #_____

Agency Notes: