

Village of Skaneateles Police Department

26 Fennell Street
Skaneateles, New York 13152
Telephone: 315-685-3819

Freedom of Information Law Request for Records

Instructions:

- ***Please be aware that reports will not be available for 5 business days after the incident date.***
- All requests must be made in writing. Please use this form to prepare your request.
- Within five (5) business days this agency will respond to your request for records with a written acknowledgement of receipt, and a statement of the approximate time frame required to respond to your request.
- All applicable preparation and/or reproduction fees must be collected before any legally releasable record(s) are provided (paper records are \$0.25 per page, video records are \$1.50 per DVD or \$10 per thumb drive and a minimum of \$125 per hour for outside professional video redaction if required).
- Submit completed form by email or mail to:

Mailing Address:

Village of Skaneateles Police Department
26 Fennell Street
Skaneateles, NY 13152

Email Address:

info@skanpolice.org

For email submission, save this completed form locally to your computer and attach the saved copy to your email.

Requestor Information

Date: (mm/dd/yyyy) _____

Your Name (Last, First, MI): _____ Suffix: _____ Phone #: _____

Mailing Address: _____
PO Box/Street City State Zip

Email: _____

Your Firm/Organization Name (if applicable): _____

Phone #: _____ Fax #: _____ Email: _____

Firm/Organization Address: _____
PO Box/Street City State Zip

Requested response format (select one):

Email Paper Fax CD/DVD USB/Flash Drive Personal Inspection
(view at the PD only)

If fees apply, please contact me if costs will be greater than \$____.00

I understand that I will be notified if the fees exceed this amount prior to my request being completed/filed.

Record Information

Identify or describe the record(s)/report(s) requested with detailed information to assist this agency in locating the record(s).

Incident # (if available): _____

Incident Type: _____

Incident Date: _____ Incident Time: _____

Incident Location: _____

Name of Involved Individual(s) (Last, First, MI):

DOB (mm/dd/yyyy)

Briefly Provide Other Descriptive Information on Record(s) Requested:
