



# SANDS POINT POLICE DEPARTMENT

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## FOIL REQUEST APPLICATION

### APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: Records Management Officer

Date: \_\_\_\_\_

I hereby apply to inspect the following Sands Point Police records:

(Be as specific as possible as to what records you wish to review or have copies made of)

If applicable and/or known please indicate the report date, report number, report type, and address:

REPORT DATE	REPORT NUMBER	ADDRESS	RECORDS REQUESTING

☐ ACCIDENT ☐ INCIDENT ☐ OTHER \_\_\_\_\_

Please use this box for requests requiring a detailed description:

\_\_\_\_\_  
Requestor's Printed Name / Signature      Print Requestor's Email Address

\_\_\_\_\_  
Requestor's Phone Number      Requestor's Address

There is a minimum charge of 25 cents per copy.

FOR POLICE DEPARTMENT OFFICE USE ONLY	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED <input type="checkbox"/> NO RECORDS
Signature: _____	Date: _____
Reason for Denial: _____	

YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION