Freedom of Information (FOIL) Request Form

## **INSTRUCTIONS**

- All requests must be made in writing. Please use this form to assist you in structuring your request
- Within five (5) business days this agency will respond to your request for records with a written acknowledgment of receipt, and a statement of the approximate time frame required to respond to your request
- All applicable fees must be collected before any legally releasable record(s) are provided. Cost is .25 per page
  and body camera footage is a \$200 deposit and is sent to a private company for redaction. Cost typically runs
  more and once we receive the official redaction estimate the rest must be paid prior to the company starting the
  work.
- Submit completed form by email or mail to:

## Email Address: Mailing Address:

pingraham@villageofbath.org

\*For email submission, save this completed form locally to your computer and attach the saved copy to your email\* Village of Bath Police Dept.

110 Liberty St.

Bath, NY 14810

Requestor Information (Required)								
Date (mm/dd/yyyy)		Name (Last, First, MI) Suffix			Phone #			
Mailing Address			City		State	Zip		
Person You Represent (Last, First, MI)								
Your Firm/Organizati	ion Name (i	if applicable)			Phone #			
Firm/Organization Address			City		State	Zip		
Record Information								
Incident #	Incide	ent Type	Incident Date (mm/dd/yyyy)	t Date (mm/dd/yyyy) Incident Time (am/pm)				
Incident Location								
Name of Involved Individual(s) (Last, First, MI)			DOB (mm/dd/yyyy)					

Briefly Provide other descriptive information on records sought:	