



Brookville Police Department
195 Brookville Rd, Brookville NY 11545
(516) 440-2300



APPLICATION FOR PUBLIC ACCESS TO RECORDS

DATE: _____

NAME: _____

MAILING ADDRESS: _____

TELEPHONE NO.: _____ EMAIL: _____

REPRESENTING: _____

I hereby apply to inspect the following record(s): please include purpose of said record(s) inspection.

SIGNATURE

All reasonable requests for documents desired shall be acknowledged within five (5) and respond within twenty (20) business days. All requests should reasonably describe the specific record sought.

There is a fee of \$0.25 cent per page (not to exceed 9 X 14). If the document is larger, the actual cost of duplicating will be charged.

Any person denied access to records may appeal within thirty days of a denial.

Mail: Brookville Police Department
 ATTN: FOIL Request
 195 Brookville Rd
 Brookville, NY 11545

FOR OFFICE USE ONLY

Check One: **Approved** **Denied** **Record cannot be found**

Records Available for Inspection (Date): _____ Copies of Records Available (Date): _____

Records Inspected By: _____ Number of Copies: _____

Date: _____ Fee Received: _____

Signature of Records Access Officer

Title

Date