



APPLICATION FOR PUBLIC ACCESS TO RECORDS

YORKTOWN POLICE DEPARTMENT
2281 Crompond Road • Yorktown Heights, NY 10598
Phone: 914-962-4141 • Fax: 914-962-4458

SECTION I - TO BE COMPLETED BY APPLICANT

I HEREBY APPLY FOR A COPY OF THE REPORT/RECORD DESCRIBED BELOW (Please supply as much of the information as possible, printing your entries with a ball-point pen)		
Applicant's Name (First, Mid Initial, Last):		Date of Application:
Applicant's Address:	Business Name and Address (If Applicable):	Name of Client Represented (If Applicable):
Applicant's Email	Applicant's Phone #:	

Description of Report or Record:

Name of Complainant:

Name of Victim:

Date of Occurrence:

Case Number:

Location of Occurrence:

ONLY NOTARIZE IF INSTRUCTED TO DO SO

Sworn To Before Me This _____

Day of _____, 20____

Applicant's Signature

Notary Signature

SECTION II – FOR USE BY POLICE DEPARTMENT FREEDOM OF INFORMATION OFFICER ONLY

THIS WILL ACKNOWLEDGE RECEIPT OF A NEW YORK STATE FREEDOM OF INFORMATION LAW REQUEST. YOUR REQUEST HAS BEEN:

- APPROVED WITH REDACTIONS PARTIAL APPROVAL
- CAN NOT BE APPROVED, because the case is being actively investigated and is compiled for law enforcement purposes and which if disclosed would interfere with the law enforcement investigation or the judicial proceeding.
- CAN NOT BE APPROVED, because it would violate a person's right to privacy
- CAN NOT BE APPROVED, because the report/case has been forwarded to the Westchester County District Attorney's Office for review.
- Check back in _____ weeks.
- RECORD CANNOT BE FOUND AFTER A DILIGENT SEARCH
- RECORDS ARE NOT POSSESSED OR MAINTAINED BY THIS AGENCY
- ADDITIONAL INFORMATION IS NEEDED
- THIS INCIDENT IS NOT WITHIN OUR JURISDICTION
- RECEIPT OF THIS REQUEST IS ACKNOWLEDGED, THERE WILL BE A DELAY IN SUPPLYING THE REQUESTED RECORD UNTIL _____ FOR THE FOLLOWING REASON: _____
- OTHER _____

THE INFORMATION YOU ARE REQUESTING CONSISTS OF THE FOLLOWING:

- _____ Pages @ \$0.25 per Page
- _____ CD(s)/Rolls of Film @ \$28.00 per CD/Roll
- _____ Certified Copy \$10.00

TOTAL DUE: _____

- You may obtain a copy of your report by faxing or emailing this form, along with a copy of valid identification, to our Records Unit at 914-962-4458 or records@yorktownpd.org. Please specify how you would like the report sent to you, fax or email.
- You may also receive a copy by mail by sending completed form, together with a postage paid, self-addressed envelope to:

Yorktown Police Department
Attn: Records
2281 Crompond Road
Yorktown Heights, NY 10598

(Please allow for extra weight and postage if necessary.)

- You have the right to appeal a denial of this application in writing to the Yorktown Town Attorney's Office within 30 days of the Denial. The contacted person must respond to you in writing within 10 business days of receipt of your appeal.

Yorktown Town Attorney
363 Underhill Avenue
Yorktown Heights, NY 10598

If you have any questions, you may contact the Records Department Monday thru Friday 8am to 4pm at 914-962-4457 extension 410 or records@yorktownpd.org.

Officer's Signature:	Title:	Date:
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