



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

F-\_\_\_\_\_-\_\_\_\_-

**REQUESTED BY:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

Under the Freedom of Information Law, (Public Officers Law § 84 et seq. "FOIL") I am hereby requesting copies of the following records/documents:

\_\_\_\_\_  
Records Requested

\_\_\_\_\_  
Time – Period of Records

\_\_\_\_\_  
Date of Accident/Incident:

\_\_\_\_\_  
Location: (If applicable, include exact street address & Cross Street)

\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**