



Lake Placid Police Department Freedom of Information Act Request Form



To: Records Officer
Lake Placid Police
2693 Main St. Suite 104
Lake Placid, N.Y. 12946

From: _____
Address: _____
Phone: _____

I, _____ do hereby request a copy of the following record
Name

(Please provide – Date of Incident, Case #, or other information to help find the record)

For the following purpose: _____

(Signature)

(Date)

For Agency Use Only

APPROVED: _____

DENIED: _____ * for the following reasons

- _____ Confidential Disclosure
- _____ Unwarranted invasion of personal privacy
- _____ Part of Investigatory Files
- _____ Record not maintained by this agency
- _____ Record of which this agency is legal custodian cannot be found
- _____ Exempted by statute other than Freedom of Information Act
- _____ Other: _____

Application for public access to records will be accepted during business hours 8:00am – 3:00pm or via mail.

NOTICE: If you feel that you have been unlawfully denied access to records requested under FOIL, you may appeal such denial. If you desire to submit such an appeal, you must do so within 30 calendar days of the response to your FOIL request. An appeal should be submitted to Mayor Art Devlin’s office at 2693 Main St. Lake Placid, NY 12946

**** Please note that there will be a \$.25 charge per photocopy for each page of each report requested**