

	State Police Freedom of Information Law Request for Records	*This form is NOT intended for use as an appeal. Refer to the link below for more information*
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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. Refer to our website for more information at: <https://troopers.ny.gov/foil-requests>
- Submit completed form by email or mail to:

Email Address:

foilunit@troopers.ny.gov

For email submission, save this completed form locally to your computer and attach the saved copy to your email

Mailing Address:

New York State Police
 Attn: Records Access Officer
 1220 Washington Ave., Bldg. 22
 Albany, NY 12226-2252

Requestor Information (Required)

Date (mm/dd/yyyy)	Prefix	Name (Last, First, MI)	Suffix	Phone #
Mailing Address			City	State Zip
Person You Represent (Last, First, MI)				
Your Firm/Organization Name (if applicable)				Phone #
Firm/Organization Address			City	State Zip

Record Information

Identify or describe the government record(s) sought with detailed information to assist this agency in locating the record(s)

Incident # (if available)	Incident Type	Incident Date (mm/dd/yyyy)	Incident Time (am/pm)
Incident Location			
Name of Involved Individual(s) (Last, First, MI)		DOB (mm/dd/yyyy)	



**State
Police**

**Freedom of Information Law
Request for Records**

Briefly Provide Other Descriptive Information on Record(s) Sought: