

THE VILLAGE OF COBLESKILL



COBLESKILL POLICE
 378 MINERAL SPRINGS ROAD
 COBLESKILL, NY 12043-0169
CHIEF: JAMES MCCRUM



MAIL COMPLETED FORM TO THE
 ADDRESS ABOVE OR EMAIL TO:
POLICERECORDS@COBLESKILL.ORG

518/234-2923

 Your Name (Print)

 Full Address (include number, street/road or PO Box)

 City State ZIP Code

 Telephone # Date of Birth

 Email Address

Today's Date: _____

Records Access Officer
 Cobleskill Village Police Department
 378 Mineral Springs Road
 Cobleskill, NY 12043
 Fax: 518/234-2783

RE: FREEDOM OF INFORMATION LAW RECORDS REQUEST

Under the provisions of the New York Freedom of Information Law, Article 6, of the Public Officers Law, I hereby request records or portions thereof pertaining to: (Identify the records in which you are interested as clearly as possible, e.g., date, time, location, nature of incident)

Select one:

- If there are any fees for copying the records requested, please inform me before filling the request.
- Please supply the records without informing me if the fees are not in excess of \$ _____

The Records Access Officer or agency will respond to a request within five (5) working days of receipt of request. If a request was submitted by email, the response will be by email. If your request, or any part, is denied, you will be notified in writing and where to appeal the decision.

 Signature

I understand that my typed signature on the signature line serves as a legally binding substitute for a handwritten signature.