



Town of Frankfort Police Department
201 Third Ave
Frankfort, NY 13340
315-894-3594 fax 315-894-0800

Request for police report under Freedom of Information Law (FOIL)

1. Complete this form either on computer or by hand to receive as much releasable information as possible. Filling in the boxes helps us to locate the information you seek.
2. A record search will be conducted and results will be produced to be retrieved within 20 days.
 - a. Reports are .25 cents per page. Cash, check or Money Order only.
3. Should the search and preparation of requested results be larger than expected, you will contacted and informed:
 - a. Estimated time to complete, and;
 - b. Cost of production of those records to be paid in advance.
4. Under Public Officer Law, specifically FOIL regulations:
 - a. We are not required to answer questions, nor produce something new;
 - b. We will redact any information deemed to be an unwarranted invasion of privacy.
 - c. There will be a \$5.00 fee levied for providing a flash drive. You will be required to pay half the fee for video footage prior to the start of review. Cash, check or Money Order only.

Your Name:	Your Address:	Your Phone Number:
Incident Report <input type="checkbox"/>	Incident or Complaint # if known:	Date of Incident:
Accident Report <input type="checkbox"/>		
Name(s) on the Report:	Location of incident/complaint:	Brief Description of incident/complaint:
Your Signature and Todays Date:		

Office Use:	
<input type="checkbox"/> The copy of the requested document(s) is attached to this letter with this letter.	
<input type="checkbox"/> Your request has been denied in whole or in part based on the following reason:	
<input type="checkbox"/> This incident is still being investigated, release would cause harm to the investigation.	
<input type="checkbox"/> This incident is being prosecuted, release would cause harm to the judicial process.	
<input type="checkbox"/> Information contained therein involves juveniles, or victims of a sex offense, Domestic Incident, and warrants an unreasonable breach of privacy.	
<input type="checkbox"/> Information contained therein involves a confidential source or technique, disclosure would jeopardize personal safety.	
<input type="checkbox"/> Information contained therein involves law enforcement sensitive information, disclosure could jeopardize personal safety.	
<input type="checkbox"/> Release of information would constitute an unwarranted invasion of personal property.	
<input type="checkbox"/> Records requested cannot be located based on description.	
<input type="checkbox"/> Record not maintained at this agency.	
<input type="checkbox"/> Other _____	
_____ Matthew Palumbo, Chief of Police	

If you wish to appeal this letter, you have 30 days to send your appeal to: Town Supervisor, Town of Frankfort
 201 Third Ave., Frankfort NY 13340