



DEPARTMENT OF PUBLIC SAFETY - DATA MANAGEMENT UNIT 77
 SOUTH LEXINGTON AVENUE • WHITE PLAINS, NEW YORK 10601
 (914) 422-6101 • FAX: (914) 422-6122

FREEDOM OF INFORMATION (FOIL) REQUEST FORM

I hereby apply to inspect the following record:

Print Your Name	Signature	Date of Request
Representing:		
Mailing Address:		
Contact Phone # :	Email:	

FOR AGENCY USE ONLY

RECEIVED BY:		IN PERSON	MAIL	FAX
Initial	Date Received			

APPROVED:	
Administration Supervisor	Approval / Denial Date

DENIED - FOR THE REASON(S) CHECKED BELOW

- | | |
|---|--|
| Specifically exempted from disclosure by state or federal statute | Record is not maintained by this agency |
| Disclosure would constitute an unwarranted invasion of personal privacy | Retention period for this record has expired |
| Disclosure may interfere with a law enforcement investigation, or judicial proceedings. | Record of which this agency is legal custodian cannot be found |

Other (specify) _____

Note: You have a right to appeal a denial of this application to the Appeals Officer.
 If you wish to appeal, it must be in writing within thirty (30) days after receipt of the denial

**Corporation Counsel
 255 Main Street
 White Plains, NY 10601**