



# WASHINGTONVILLE POLICE DEPARTMENT

38 East Main Street  
Washingtonville, NY 10992  
(845) 496-9123  
fax (845) 496-4103

**Stephen L. Pascal**  
Chief of Police

## Freedom of Information Law (FOIL) Application for Public Access to Records

To: **Records Access Officer**  
**Washingtonville Police Department**  
**38 East Main Street Washingtonville, NY 10992**

\_\_\_\_\_  
Date

I hereby apply to inspect/obtain copies of the following record(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: A fee of 25 cents per page will be charged for all copies requested. Fees for documents larger than 9"x14" (reproduced by a private contractor) data files (discs), recordings and photographs will be charged for the actual cost of reproduction. Copies will only be released Monday-Friday between the hours of 3:30 PM and 6:30 PM**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Representing

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Mailing Address

### For Agency Use Only

Approved: \_\_\_\_\_

(Answer within 5 business days)

Denied: (For the reason(s) checked below)

- Confidential Disclosure
- Part of Investigative Files
- Unwarranted Invasion of Personal Privacy
- Records of which this Agency is Legal Custodian and cannot be found
- Exempted by statute other than the Freedom of Information Law
- Other (specify)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Note: You have a right to appeal a denial of this application to the head of this agency who must fully explain the reason(s) for such denial, within ten business of receipt of an appeal.

I hereby, appeal this application:

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date