



# Lake Placid Police Department Freedom of Information Act Request Form



To: Records Officer  
Lake Placid Police  
2693 Main St. Suite 104  
Lake Placid, N.Y. 12946

From: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

I, \_\_\_\_\_ do hereby request a copy of the following record  
Name

(Please provide – Date of Incident, Case #, or other information to help find the record)

For the following purpose: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## For Agency Use Only

**APPROVED:** \_\_\_\_\_

**DENIED:** \_\_\_\_\_ \* for the following reasons

- \_\_\_\_\_ Confidential Disclosure
- \_\_\_\_\_ Unwarranted invasion of personal privacy
- \_\_\_\_\_ Part of Investigatory Files
- \_\_\_\_\_ Record not maintained by this agency
- \_\_\_\_\_ Record of which this agency is legal custodian cannot be found
- \_\_\_\_\_ Exempted by statute other than Freedom of Information Act
- \_\_\_\_\_ Other: \_\_\_\_\_

Application for public access to records will be accepted during business hours 7:00am – 3:00pm or via mail.

**NOTICE:** You have 30 days to appeal a denial of this application with the Chief of Police, who must fully explain the reasons for such denial in writing within 10 days of receipt of your appeal.

**\*\* Please note that there will be a \$.25 charge per photocopy for each page of each report requested**