

Date _____
Request # _____
Accepted by: _____
Referred to: _____

City of Peekskill Police Department	
Request Date	_____
Accepted by	_____
Rank	Name
<u>Received by Records Bureau</u>	
Received by:	_____
Date	_____ Time: _____

CITY OF PEEKSKILL
CITY HALL
840 Main Street
Peekskill, NY 10566
(914) 737-3400
Fax No. 914-734-4233

OFFICE OF THE CITY CLERK
FREEDOM OF INFORMATION REQUEST FORM

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP _____
TELEPHONE # _____
EMAIL: _____
REPRESENTING _____
APPLICANT SIGNATURE _____

I hereby apply to inspect the following record (only one record per form):


~~~~~

\_\_\_\_ Record approved and delivered to applicant

\_\_\_\_ Record partially denied for the following reason(s):

\_\_\_\_ Record denied for the following reason(s):

- \_\_\_\_ not in City files or records
- \_\_\_\_ exempted from disclosure by state or federal statute
- \_\_\_\_ if disclosed, would constitute an unwarranted invasion of personal privacy
- \_\_\_\_ if disclosed, would be used for solicitation or fund-raising purposes
- \_\_\_\_ if disclosed, would impair present or imminent contract awards
- \_\_\_\_ if disclosed, would impair collective bargaining negotiations
- \_\_\_\_ trade secrets
- \_\_\_\_ compiled for law enforcement purposes and exempted from disclosure
- \_\_\_\_ inter-agency or intra-agency material which is not:
  - statistical or factual tabulations or data
  - instructions to staff that affect the public
  - final agency policy or determination
- \_\_\_\_ other

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECORDS ACCESS OFFICER**

By: \_\_\_\_\_  
Date \_\_\_\_\_

NOTICE TO APPLICANT: You have a right to appeal denial of this application to the City Manager within 30 days. The denial shall be fully explained or access provided to the record sought within ten (10) business days of receipt of said appeal, in writing.

I HEREBY APPEAL: \_\_\_\_\_ DATE: \_\_\_\_\_