

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

City of Peekskill
Police Department
Request Date _____
Accepted by _____
Rank _____ Name _____
Received by Records Bureau
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: _____