

TO: RECORDS ACCESS OFFICER **APPLICATION FOR PUBLIC ACCESS TO RECORD** PICKED UP: _____

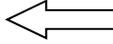
I hereby apply to receive a copy of the following record (One Application for EACH record):

It may take up to 5 business days to respond to request.

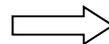
TODAY'S DATE: _____

Accident Reports may take up to 10 days after occurrence to become available.

ACCIDENT REPORT (MV-104)



CHECK ONE BOX



POLICE REPORT/INCIDENT CARD

Please **PRINT** ALL information, **sign** and **SUBMIT GOVERNMENT ISSUED PHOTO IDENTIFICATION WITH THIS REQUEST.**

Date of accident or Incident: _____

Complaint # (if known): ____ -- _____

Name on Report: _____

Address of **Incident**: _____

Name of person requesting report

Relationship to parties in report

Phone number

How would you like to receive information (check one)

E-MAILED – E-mail Address: _____

Fax - Fax number w/area code: _____

U.S. Mail – Address: _____

**** a self-addressed stamped envelope MUST be provided ****

Pick up at Police Station - Records to be picked up will only be held for 30 days.

SIGN YOUR NAME: _____

FOR TOWN USE ONLY

APPROVED

DENIED FOR THE REASON(S) CHECKED BELOW:

CONFIDENTIAL DISCLOSURE

PART OF INVESTIGATORY FILE

UNWARRANTED INVASION OF PERSONAL PRIVACY

RECORD OF WHICH THIS OFFICER IS LEGAL CUSTODIAN CANNOT BE FOUND

EXEMPTED BY STATUTE OTHER THAN THE FREEDOM OF INFORMATION ACT

OTHER (SPECIFY) _____

SIGNATURE

TITLE

DATE

NOTICE TO REQUESTOR: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION

Submit a written request to:

LANCASTER TOWN ATTORNEY, 21 CENTRAL AVE., LANCASTER, NY 14086 716-684-3342. Who will explain the reason for such denial within seven (7) days of receipt.