

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: _____
- 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 MUST EXPLAIN HIS REASON FOR SUCH DENIAL IN WRITING SEVEN (7) DAYS OF RECEIPT OF AN APPEAL.