

Village of Bath Police Department Freedom of Information (FOIL) Request Form

INSTRUCTIONS

- All requests must be made in writing. Please use this form to assist you in structuring your request
- Within five (5) business days this agency will respond to your request for records with a written acknowledgment of receipt, and a statement of the approximate time frame required to respond to your request
- All applicable fees must be collected before any legally releasable record(s) are provided. Cost is .25 per page and body camera footage is a \$200 deposit and is sent to a private company for redaction. Cost typically runs more and once we receive the official redaction estimate the rest must be paid prior to the company starting the work.
- Submit completed form by email, fax or mail to:

Email Address:

sdowdle@villageofbath.org

Mailing Address:

Village of Bath Police Dept.
110 Liberty St.
Bath, NY 14810

Fax: (607)664-9076

Requestor Information

Date (mm/dd/yyyy)	Name (Last, First, MI)	Phone #		
Email Address (if applicable)		Fax #		
Mailing Address		City	State	Zip
Person You Represent (Last, First, MI)				
Your Firm/Organization Name (if applicable)			Phone #	
Firm/Organization Address		City	State	Zip

Record Information

Incident #	Incident Type	Incident Date (mm/dd/yyyy)	Incident Time (am/pm)
Incident Location			
Name of Involved Individual(s) (Last, First, MI), DOB (mm/dd/yyyy)			
Briefly describe incident being requested:			