

## **Town of Montgomery Police Department**

## 110 Bracken Road

## Montgomery, New York 12549

845.457.9211 (phone)

845.457.4127 (fax)

To: POLICE RECORDS DEPARTMENT

Request for Public Acc	ess to Town of Montgomery Police Records
Applicant's Name:	
Applicant's Address:	
Phone: F	Email:
Is applicant applying on his/her own b	behalf?YesNo
If NO, please explain:	
I wish to: inspect the following re	obtain copies of the following record (you will be notified of fee to be charged)
Date of requested record:	
Description of record:	
Please be aware that New York State Freedom of I	Information Law allows a municipality up to five (5) days to respond to a
	volume or depth of research, will take longer than the five days of allotted time.
If this is the case regarding your request, this office	e will notify you in writing.
Applicant's Signature:	Date
FO	OR AGENCY USE ONLY
DATE RECEIVED:	RECEIVED BY:
APPROVED DENIE	
SIGNATURE	TITLE DATE

NOTICE TO APPLICANT: You have the right to appeal a denial of this application by returning this form within 30 days to the Montgomery Town Board. You must be provided with a response to your appeal within 10 business days.