

Village of Greene Police

Freedom of Information Request for Records

All requests must be made in writing. This form may assist you in structuring your request. Please complete this form and submit via fax @ 607-656-4974 or mail to: Village of Greene Police, PO Box 207, Greene, NY 13778.

Within five (5) business days this agency will respond to your request for records with a written acknowledgement of receipt and a statement of the approximate date when such request will be granted or denied.

Requestor Information (Required)

Name: _____ D.O.B. _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Party You Represent: _____

Your Firm/Organization Name & Address: _____

Telephone: _____

Signature: _____ Date: _____

Identify or describe the government record sought with sufficient information to enable the VOGP to ascertain and locate the record. Please fill in all known or applicable information.

Record Information:

Type of Government Record Sought: _____

Incident Number: _____ Type: _____ Date: _____

Incident Location: _____

Name(s) and Date of Birth of Individual Involved: _____

Other Descriptive Information of Record Sought: _____