



**SOUTHAMPTON TOWN POLICE DEPARTMENT**  
**TOWN of SOUTHAMPTON**

110 Old Riverhead Road  
Hampton Bays, New York 11946

**Robert Pearce**  
Chief of Police

Emergency: 911  
General Business: (631) 728-5000  
Police Reports: (631) 702-2270  
FAX: (631) 728-5440

Crime Tips Hotline (631)728-3454  
Crime Tips E-mail: [crimetips@southamptontownny.gov](mailto:crimetips@southamptontownny.gov)

**APPLICATION FOR PUBLIC ACCESS TO RECORDS**

<b>Section 1. To be Completed by Applicant</b>			
Applicant's Name (First, MI, Last):		Applicant's Mailing Address:	
Applicant Represents: <input type="checkbox"/> Self <input type="checkbox"/> Other If Other:			
Applicant's Phone #:		Mail Report/Record to (if other than above):	
E-mail Contact:			
I hereby apply for a certified copy of the report/record described below: Note: There is a fee of \$.25 per page requested			
1) Central Complaint Number (CC#):		2) Check One: <input type="checkbox"/> MVA Report <input type="checkbox"/> Other (describe in item 3, below)	
3) Specific Description of Report or Record Requested (If other than motor vehicle accident):			
4) Name(s) & Relationship to Incident:			
<u>Name 1.</u>		<u>Name 2.</u>	
<input type="checkbox"/> Registered Owner <input type="checkbox"/> Driver <input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Other- Specify _____		<input type="checkbox"/> Registered Owner <input type="checkbox"/> Driver <input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Other- Specify _____	
5) Date(s) of Occurrence:	Time(s) of Occurrence:	Location(s) of Occurrence:	
to			
to			
I certify that the information requested will not be utilized in any manner tending to constitute an unwarranted invasion of personal privacy, as same is defined and delineated by the terms and provisions of Article 6 (Freedom of Information Law) of the Public Officers Law of New York State and I further agree to indemnify and hold the Town of Southampton harmless from any claim arising from any such unsanctioned use of the information requested.			
<b><u>Applicant's Signature:</u></b>			<b><u>Date:</u></b>
<b>Section 2. For Use by Department Freedom of Information Officer Only</b>			
<input type="checkbox"/> APPROVED			
<input type="checkbox"/> DENIED (for reason(s) checked below):			
<input type="checkbox"/> Confidential Disclosure		<input type="checkbox"/> Part of Investigatory Files	
<input type="checkbox"/> Unwarranted Invasion of Privacy		<input type="checkbox"/> Record of which this Department is Legal Custodian cannot be found	
<input type="checkbox"/> Exempted by Statute other than Freedom of Act			
<input type="checkbox"/> Other (specify):			
<input type="checkbox"/> Receipt of this request is acknowledged. You will receive a response as quickly as possible. Please allow twenty (20) business days for processing before contacting this office.			
Signature:	Title: Freedom of Information Officer	Date Received:	Date Returned:
<b>Section 3. Note to Applicant</b>			
You have the right to appeal the denial of this application in writing to the Office of the Town Attorney within 30 Days of the denial. Information as to the person to contact is shown below. The contact person must respond to you in writing within (7) business days of receipt of your appeal.			
<b>Southampton Town Attorney</b>	<b>Southampton Town Hall 116 Hampton Road Southampton, NY 11968</b>	<b>(631) 283-6000</b>	
Records are available during regular business hours at the Southampton Town Police Records Office: Hours 8:30 am to 4:00 pm. Phone (631) 702-2270			



Accredited by:  
New York State Law Enforcement Accreditation Program

