



SOUTHAMPTON TOWN POLICE DEPARTMENT

110 Old Riverhead Rd, Hampton Bays, NY 11946

APPLICATION FOR PUBLIC ACCESS TO RECORDS

SECTION 1. TO BE COMPLETED BY APPLICANT

Select One: **Records Request** **Freedom of Information Request**

Records Department Tel: 631-702-2270

I HEREBY APPLY FOR A CERTIFIED COPY OF THE REPORT/RECORD DESCRIBED BELOW (please supply as much of the listed information as possible, printing your entries with a ball point pen):

APPLICANT'S NAME (FIRST, INIT, LAST)	APPLICANT'S SIGNATURE	TODAY'S DATE
APPLICANT'S ADDRESS		APPLICANT'S PHONE
NAME OF BUSINESS/FIRM	NAME OF CLIENT REPRESENTED	

CHECK **1A** *or* **1B** below;

1A **MOTOR VEHICLE ACCIDENT REPORT**

NAME OF DRIVER 1

NAME OF DRIVER 2

1B **OTHER REPORT/RECORD**

DESCRIPTION OF REPORT OR RECORD (IF OTHER THAN A MOTOR VEHICLE ACCIDENT REPORT)

2. NAME OF COMPLAINANT / VICTIM	DOB	3. NAME OF OTHER PERSON INVOLVED	DOB
4. DATE(S) OF OCCURRENCE		5. CC NUMBER(S)	
7. LOCATION OF OCCURRENCE			

SECTION 11 FOR USE BY FREEDOM OF INFORMATION OFFICER ONLY

- APPROVED
- * APPROVED WITH REDACTIONS
- * PARTIAL APPROVAL
- * DENIED
- RECORD CANNOT BE FOUND AFTER DILIGENT SEARCH
- RECORDS ARE NOT POSSESSED OR MAINTAINED BY THIS AGENCY
- ADDITIONAL INFORMATION NEEDED _____
- THIS INCIDENT IS NOT WITHIN OUR JURISDICTION
- RECEIPT OF THIS REQUEST IS ACKNOWLEDGED. THERE WILL BE A DELAY IN SUPPLYING THE REQUESTED RECORD UNTIL _____ FOR THE FOLLOWING REASON:

- OTHER _____

- SEE FORM (STPD107_101519) FOR EXPLANATION

SIGNATURE	DATE RECEIVED	DATE RETURNED
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YOU HAVE THE RIGHT TO APPEAL A 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 CONTACTED PERSON MUST RESPOND TO YOU IN WRITING WITHIN TEN BUSINESS DAYS OF RECEIPT OF YOUR APPEAL.

SOUTHAMPTON TOWN ATTORNEY
116 HAMPTON ROAD
SOUTHAMPTON, N.Y. 11946