



ULSTER POLICE DEPARTMENT



ONE TOWN HALL DRIVE
LAKE KATRINE, N.Y. 12449-0290
TEL: (845)382-1111 FAX: (845)382-1119
Serving the Town of Ulster

APPLICATION FOR ACCESS TO MUNICIPAL INFORMATION FREEDOM OF INFORMATION

TO BE FILLED OUT BY REQUESTOR:

This form is used solely to aid the researcher in locating the requested records. Please fill out as much information about your request as possible in order to ensure a complete and accurate search.

APPLICANT INFORMATION:

Date: _____

Name: _____

Address: _____

Home Phone: _____ Cell: _____

INFORMATION REQUESTED

Title, subject or nature of records requested: _____

Date/Year of Records Requests: _____

General Description of Records Requested: _____

Address of Records Requested: _____

Additional Information:
Any additional information that will aide the researcher in locating the requested records. _____

Do you wish to inspect the requested records? Yes No
Do you wish to receive copies of the records? Yes No *If so, how many* _____

SUBMIT FORM to: Ulster Police, - Attn: Tammy Anderson, 1 Town Hall Drive, Lake Katrine, NY 12449
OR Email to: tmwilliams@ulsterpolice.com

FOR AGENCY USE ONLY:

Letter of Acknowledgment sent: _____
(Date)

Request Routed To: _____ Date: _____

Format of Routing: email letter inter-office fax

Follow up Dates: _____

How was Requestor Contacted: (specify phone, email, etc) _____

Dates/Times:

1st _____ 2nd _____ 3rd _____ 4th _____

Notes:

DISPOSITION

Requested records are not in the custody of the Ulster Police Department

Additional Information needed: (specify) _____

Unable to locate records
Letter informing requestor sent on : _____

Request for Records Denied:
Reason: _____
Letter informing requestor send on : _____

A determination/appeal has been made in writing and forwarded to the Town Board on : _____

FOIL Request Granted (Date) _____

DELIVERY OF RECORDS

Number of copies provided: _____ Date Provided: _____

FOIL Records provided to requestor via:

Personal Delivery Email US Postal Service Fax CD/DVD or Electronic Format

Notes: _____

FEES

Fee: _____ Paid by: _____ Date of Payment: _____
Check or money order

REQUEST FOR RECORDS IS CLOSED: _____
(Date/Time)

Closed by: _____ Singature: _____