



## Harriman Police Department

Daniel Henderson  
Chief of Police

1 Maple Avenue  
P.O. Box 948  
Harriman, New York 10926  
[www.hpd@frontiernet.net](mailto:www.hpd@frontiernet.net)

845-782-6644  
FAX: 845-782-7735

### Foil Request Form For Persons Seeking Existing Records

All Freedom of Information Law Requests must be made in writing. Please complete this form and present it to the desk officer or mail to:

Harriman Police Department  
P.O. Box 948  
Harriman, New York 10926  
Attn: Chief of Police

Within five business days this agency will respond to your request for records with a written acknowledgement of the receipt of such request and a statement of approximate date, which shall be reasonable under the circumstances of the request, when such request will be granted or denied. There will be a fee of \$.25 per page payable by certified check or money order made out to the Harriman Police Department.

**Requestor Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Your Firm/Organization: \_\_\_\_\_

Party You Represent: \_\_\_\_\_

Your request should identify or describe the records sought with sufficient specificity to enable us to ascertain and locate the records being requested. Please fill in **all known or applicable** information.

Incident/Case Number: \_\_\_\_\_ Type of Incident: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Name of Individual(s) Involved: \_\_\_\_\_

Description of Records Sought: \_\_\_\_\_

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Title: \_\_\_\_\_

By:      Walk In              Mail              Fax

*\*Records accessible under FOIL are made available to any person without regard to status or interests\**