



APPLICATION FOR PUBLIC ACCESS TO RECORDS

REQUESTS FOR COURT DOCUMENTS SHOULD BE DIRECTED TO THE COURT DEPARTMENT

EMAIL A COPY (NO FEE)
Please include your email address in the information below

I HEREBY APPLY TO: OBTAIN A COPY (\$.25 per 8 1/2" X 11" per page, per side. All other sizes based on the town fee schedule)

INSPECT A COPY

OF THE FOLLOWING RECORD(S): (See second page if you are requesting records pertaining to the Police Department)

To Whom It May Concern:

Pursuant to the New York Freedom of Information Law, I hereby request the following records:

Copies of any and all records, including without limitation all email correspondence sent to or from any email address within the @irondequoit.gov domain, referencing or pertaining to the police shooting of a dog on January 10, 2025.

The requested documents will be made available to the general public, and this request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 5 business days, as the statute requires.

Sincerely,

Brad Aaron

02FEB25
DATE INFORMATION REQUESTED

BRADAA@THESCOOPNEWYOR
EMAIL ADDRESS

BRAD AARON
NAME OF PERSON REQUESTING INFO (please print)

B Aaron
SIGNATURE OF PERSON REQUESTING INFO

THE SCOOP NEW YORK
BUSINESS/GROUP REPRESENTATIVE (if applicable)

788 FOOTE AVE #288
ADDRESS/ZIP

646-460-1277
DAYTIME TELEPHONE NUMBER / FAX NUMBER

[Print Email](#) [Submit Email](#) [Reset Form](#)

FOR AGENCY USE ONLY

SIGNATURE RECORDS ACCESS OFFICER

DATE

DEPT. REFERRED TO _____

RESPOND TO TOWN CLERK BY: _____

APPROVED

(Dept. Head Initials): _____

DENIED FOR REASON(S) CHECKED BELOW:

(Dept. Head Initials): _____

- () CONFIDENTIAL DISCLOSURE
- () PART OF INVESTIGATORY FILES
- () UNWARRANTED INVASION OF PERSONAL PRIVACY
- () RECORD NOT MAINTAINED BY THIS AGENCY
- () RECORD OF WHICH THIS AGENCY IS LEGAL CUSTODIAN CANNOT BE FOUND
- () OTHER (SPECIFY) _____

WITHIN FIVE (5) BUSINESS DAYS, THE DEPARTMENT MUST:

- DENY REQUEST; OR
- MAKE THE RECORD AVAILABLE; OR
- FURNISH **WRITTEN ACKNOWLEDGEMENT** OF RECEIPT OF THE REQUEST STATING THE APPROXIMATE DATE WHEN THE INFORMATION WILL BE MADE AVAILABLE

**** TOWN CLERK MUST BE COPIED IN ON ALL RESPONSES ****

UPON COMPLETION, FORWARD TO THE TOWN CLERK FOR RELEASE. THE TOWN CLERK WILL:

- REVIEW THE INFORMATION FOR RELEASE AND CONTACT THE REQUESTOR; OR
- DENY ACCESS **IN WRITING** GIVING REASON FOR DENIAL (REQUESTOR HAS A RIGHT TO APPEAL DENIAL BY SUBMITTING A LETTER TO THE BOARD AT THE ADDRESS BELOW)

APPROVED FOR RELEASE BY: _____ DATE: _____

CONTACTED REQUESTOR ON: _____ FEE TO BE COLLECTED \$ _____

THE FOLLOWING INFORMATION IS REQUIRED ON FREEDOM OF INFORMATION REQUESTS FOR THE POLICE DEPARTMENT. IF THIS INFORMATION IS NOT INCLUDED IN YOUR REQUEST, YOUR APPLICATION WILL BE DENIED.

IF REQUESTING INFORMATION ON:

1. SPECIFIC INDIVIDUAL (i.e., ARREST RECORD)
 - DATE OF BIRTH
2. SPECIFIC ADDRESS (i.e., CALLS TO A SPECIFIC ADDRESS)
 - DATE OR TIME FRAME
3. SPECIFIC REPORT (i.e., ACCIDENT, INCIDENT, ETC)
 - DATE OF ACCIDENT/INCIDENT
 - LOCATION
 - NAME(S) OF PERSONS INVOLVED (IF POSSIBLE)