



Harriman Police Department

Daniel Henderson Chief of Police 1 Maple Avenue P.O. Box 948 Harriman, New York 10926 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: June 23, 2020 Telephone # 617-500-7123
Mailing Address:	DEPT MR 96057, 411A Highland Avenue, Somerville, MA 02144
Your Firm/Organization:	Gannett New York, MuckRock
Party You Represent:	Gannett New York, MuckRock
Your request should identify	or describe the records sought with sufficient specificity to enable us to

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: Date and Time of Incident:				Type of Incident:	
				Location of Incident:	
	e of Individual(
Description of Records Sought:			Please see attached email and email chain.		
Date Received:		Received By:	Title:		
By:	Walk In	Mail	Fax		
* <u>Recc</u>	ords accessible u	<u>nder FOIL are m</u>	ade available to an	y person without regard to status or interests"	