

# NORTHPORT POLICE DEPARTMENT

224 Main Street  
Northport, New York 11768  
(631) 261-7500 Fax: (631) 261-1249

## APPLICATION FOR PUBLIC ACCESS TO POLICE RECORDS

To: Police Records Access Officer

I hereby apply to inspect the following records (where possible, furnish date, title, file designation or other information to help identify the record):

\_\_\_\_\_

I certify that the purpose of the examination is not to obtain names and addresses for commercial or fund-raising purposes.

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Representing (print please)

\_\_\_\_\_  
Mailing address (SASE attached, email address or fax) (print please)

=====

FOR DEPARTMENT USE ONLY (provider initial and check appropriate box)

- Expedited release (see GO 36.0 )  
 Will pick up  Mail (applicant must provide SASE)  
 Email or fax \_\_\_\_\_  
 Received by \_\_\_\_\_

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Denied (for reason(s) checked below)

- |  |  |
|--|--|
| <input type="checkbox"/> Confidential Disclosure                   | <input type="checkbox"/> Part of investigatory file  |
| <input type="checkbox"/> Unwarranted invasion of personal privacy  | <input type="checkbox"/> Record of which this agency is the legal custodian cannot be found. |
| <input type="checkbox"/> Record is not maintained by this agency   | <input type="checkbox"/> This agency is not the legal custodian of record                    |
| <input type="checkbox"/> Exempted by statute other than F.O.I. Act | <input type="checkbox"/> Other   |

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Receipt of this request is acknowledged. There will be a delay in supplying the requested record until \_\_\_\_\_ for the following reason: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Notice: You have a right to appeal a denial of this application to the Mayor, who must fully explain his reasons for such denial in writing within seven days of receipt of an appeal.