



**CAMILLUS POLICE DEPARTMENT  
FREEDOM OF INFORMATION LAW (FOIL)**

**Records Request Form**

**4600 W. Genesee Street Syracuse, NY 13219**

**Phone: (315) 487-0102 Fax: (315) 487-5572**

**Email: [policefoilrequests@townofcamillus.com](mailto:policefoilrequests@townofcamillus.com)**

Date of Request: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Records Requested (Explain in detail the nature and extent of the record(s) being requested):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request that records are provided in the following manor (electronic copies, paper copies, etc.):

\_\_\_\_\_

- **Within five (5) business days of the receipt of a written request for a record reasonably described, this agency shall make such record available to the requestor, deny such request in writing, or furnish a written acknowledgement of the receipt of such request and a statement of the approximate date, which shall be reasonable under the circumstances of the request, when such request will be granted or denied.**
- **Standard sized document copies incur a cost of \$.25/page or can be emailed at no cost. Non-standard documents or digital media will incur the cost to duplicate, a quote for which will be quoted in advance. Voluminous requests will require additional time to process and may incur additional costs for materials and labor, which will be quoted in advance.**
- **The Town Attorney is designated to hear and determine appeals from a denial of access to agency records. A written appeal should be directed to: Town Attorney, 4600 W. Genesee Street Syracuse, NY 13219.**
- **In making this request, I understand that your agency is under no obligation to create a document to satisfy my request. I further understand that the records will be released only in accordance with State Statutes.**

Signature: \_\_\_\_\_

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**Internal Use Only**

\_\_\_\_ Hard Copy records have been provided, # of pages: \_\_\_\_

\_\_\_\_ DVDs/USB copy have been provided

\_\_\_\_ No Such Records Exist

\_\_\_\_ Denied Reason: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Fulfilled: \_\_\_\_\_ Payment Due: \_\_\_\_\_

Department Representative: \_\_\_\_\_

Notes: \_\_\_\_\_