

UNIVERSITY POLICE DEPARTMENT  
STATE UNIVERSITY OF NEW YORK AT NEW PALTZ  
1 HAWK DRIVE NEW PALTZ, NY 12561  
(845) 257-2222 OFFICE  
(845) 257-3334 FAX



**TO REQUEST RECORDS  
(FOIL REQUEST)**

**RE: Freedom of Information Law Request**

Police Record Requests submit to;

UNIVERSITY POLICE  
State University of New York at New Paltz  
1 Hawk Drive New Paltz, NY 12561-2443

**(845) 257-3802 for more information**

Dear Records Access Officer:

Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request records or portions of thereof pertaining to (or containing the following)

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If my request appears to be extensive or fails to reasonably describe the records, please contact me by email or phone at \_\_\_\_\_.

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

If there are any fees for copying records requested, please inform me before filling the request (or: please supply the records without informing me if the fees are not in excess of \$\_\_\_\_\_).

**I understand that within five business days of the receipt of this letter, the College will respond to my request for records with a written acknowledgement of the receipt of such request and a statement of the approximate date which shall be reasonable under circumstances of the request, when such request will be granted or denied.**

Therefore, I would appreciate a response as soon as possible and look forward to hearing from you.

If for any reason any portion of my request is denied, please inform me of the reasons for the denial in writing and provide name and address of the person or body to whom an appeal should be directed.

*If you are requesting that the records be sent to you via mail please provide a Self-addressed, stamped envelope.*  
**Records cannot be faxed**

Sincerely,

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

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