



Plattsburgh Police Department

Freedom of Information Law Request for Records

INSTRUCTIONS

- All requests must be made in writing and may be submitted via email, U.S. mail, or fax
- Within five (5) business days you will receive a response to your request for records with a written acknowledgement of receipt, and a statement of the approximate time frame for response. **If you DO NOT receive a letter within 5 business days, please contact the records department at the email address below**
- Submit completed form by email or mail to:

EMAIL ADDRESS:
records@plattsburghpd.com

FAX:
 (518)566-9000

MAILING ADDRESS:
 Plattsburgh Police Department
 Attn: Records Department
 45 Pine Street
 Plattsburgh, NY 12901

REQUESTOR INFORMATION (required)

Date	Name	Phone #	Fax #
Mailing Address		City	State Zip
Email Address			
Person You Represent	Your Firm/Organization Name (if applicable)	Phone #	
Firm/Organization Address	City	State	Zip

RECORD INFORMATION

Identify or describe the record(s) sought with detailed information to assist in locating the record(s)

Incident # (if available)	Incident Type	Incident Date	Incident Time

Incident Location

Name of Involved Individual(s) (Last, First, MI)

DOB

Briefly Provide Other Descriptive Information on Record(s) sought: