

24 Main Street Hoosick Falls, NY 12090 Phone: 518-686-7900 Fax: 518-686-0118

HOOSICK FALLS POLICE DEPARTMENT

Incident Report Request Form

1. Date request	1. Date request made:		Time of Request:			
2. Date and Tim	eframe of Incident reques	ted:				
3. Name of Requ	uestor:					
a. Home	e Address:					
b. Email	address:					
c. Home	e Phone:					
d. Cell P	hone:					
4. Relation to th	e incident (circle all that a	pplies):	Victim	Accused	Witness	
**If you do not	fall into one of these categor	ries, you will ne	ed to fill out a	i FOIL request f	orm, not this form.	
Signature of Requestor			Date			
FAILURE TO BE CLE	AR AND SPECIFIC ABOUT TH	IE RECORD MA	Y RESULT IN A	DELAY OR DEM	NAIL OF THE REQUEST.	
		PD OFFICE USE				
	, Shield Officer Last Name	#0I	I		at <i>TIME</i>	
<u>Check one of the following:</u>			<u>Protocol:</u>			
() File was reviewed and redacted as necessary.						
() File was reviewed an	d did not need redacting.		*Copy of this form was given to the requestor. *Original Incident Report Request Form added to file.			
Report given to request	or on	_at	by			
	DATE	TIME		Last N	ame	