



Town of Manlius
Police Department

Freedom of Information Law Request for Records

*This form is **NOT** intended for use as an appeal. Refer to the link below for more information*

INSTRUCTIONS

- All requests must be made in writing. Please use this form to assist you in structuring your request.
- Within five (5) business days this agency will respond to your request for records with a written acknowledgment of receipt, and a statement of the approximate time frame required to respond to your request.
- All applicable preparation and/or reproduction fees must be collected before any legally releasable record(s) are provided (paper records are \$.025 per page, video records are \$1.50 per DVD or \$10 per thumb drive and a minimum of \$125 per hour for outside professional video redaction if required).
- Refer to our website for more information at: <https://www.townofmanlius.org/174/Freedom-of-Information-Law-FOIL>
- Submit completed form by email or mail to:

Email Address:

Police@manliuspolice.org

For email submission, save this completed form locally to your computer and attach the saved copy to your email

Mailing Address:

Town of Manlius Police Department
Attn: Records Access Officer
One Arkie Albanese Avenue
Manlius, NY 13104

Requestor Information

Date (mm/dd/yyyy)	Prefix	Name (Last, First, MI)	Suffix	Phone #
Mailing Address			City	State Zip
Person You Represent (Last, First, MI)				
Your Firm/Organization Name (if applicable)				Phone #
Firm/Organization Address			City	State Zip

Record Information

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

Incident # (if available)	Incident Type	Incident Date (mm/dd/yyyy)	Incident Time (am/pm)
Incident Location			
Name of Involved Individual(s) (Last, First, MI)		DOB (mm/dd/yyyy)	



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