

TOWN OF NEW BERLIN, NEW YORK

30 N. Main Street, New Berlin, N.Y. 13411

FREEDOM OF INFORMATION ACT

Application for access to public/law enforcement records

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
- Submit the completed form by e-mail, fax, or postal mail to: (Preferred method, e-mail)

Police Information:

David Kaminski
 Acting Chief
 Office: (607) 847-8900
 Fax: (607) 847-8053
dkaminski@townofnbpdny.com

Town Information:

Deborah A Barker
 Town Clerk
 Office:(607) 847-8909 x 1001
 Fax: (607) 847-6158
townofnewberlin@gmail.com

Mailing Address:**ATTN: (Police Foil) or (Town Foil)**

Town of New Berlin
 PO Box 845 New Berlin, New York 13411

Requestor Information

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

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Specific Information/Record(s) Requested:

Office Use Only: Approved Denied

Reason for Denial: _____

Note: If your request was denied, you have the right to appeal, to the Town of New Berlin, Town Board.

Signature: _____ Title: _____

Date: _____