

**Ulster County Sheriff's Office**

**Freedom of Information Request Form**

Today's Date: \_\_\_\_\_ Received Date by Records Dept.: \_\_\_\_\_

Department (Circle one): Criminal (Arrests) or Corrections (incarcerations)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_

Complete Name of the person the FOIL records are being requested on: \_\_\_\_\_

Date of Birth of that person: \_\_\_\_\_

Specific Document Name(s) that you are requesting along with their dates:

<u>Document Name</u>	<u>Date of that Document</u>	<u>Any other information to identify records being requested</u>

There is a fee of \$ .25 per page for duplication of the records requested; a fee letter will be sent to you advising the amount due. Upon receipt of that amount, the copies of the records we have obtained will be forwarded to you.

**Notice to Applicant**

You have the right to appeal a denial of this application to the FOIL Appeals Hearing Officer in writing within 30 days of the denial. The FOIL Appeals Hearing Officer must respond to you in writing within ten business days of receipt of your appeal.

FOIL Appeals Officer  
Ulster County Executive's Office  
244 Fair Street, PO Box 1800  
Kingston, New York 12402  
Tel.: (845) 340-3800