

**VILLAGE OF RED HOOK POLICE DEPARTMENT**  
**Application for Access to Records**

To: Records Department  
Village of Red Hook Police Department  
7467 South Broadway  
Red Hook, NY 12571

Phone: (845) 758-6780  
Fax: (845) 758-2334

***Please Print***

I, (*your name*) \_\_\_\_\_ Address: \_\_\_\_\_

Representing: \_\_\_\_\_  
*(self, children, client name)*

Telephone: \_\_\_\_\_ Cell No: \_\_\_\_\_

Hereby apply to inspect the following record(s) of: \_\_\_\_\_

Date(s): \_\_\_\_\_ (*if known*) Case No \_\_\_\_\_ (*if known*)

DOB above individual \_\_\_\_/\_\_\_\_/\_\_\_\_

Details of Incident: \_\_\_\_\_

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

**FOR AGENCY USE ONLY**

- Approved
- Denied – for reason(s) checked below
- Confidential Disclosure
- File Under Investigation
- Unwarranted Invasion of Personal Privacy
- Record of which this unit is legal custodial cannot be found
- Record is not maintained I this unit
- Record is exempted by statue other than Freedom of information Law
- Other Specify \_\_\_\_\_

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

Title: \_\_\_\_\_ Dated: \_\_\_\_\_