



LYNBROOK PD

APPLICATION TO EXAMINE PUBLIC RECORDS

Applicant Name (Print)

Phone Number

Representing (Print)

Email Address

Mailing Address

City

State

Zip

I am the victim of a crime and would like records pertaining to report (fill out section 2)

Report # _____

I was arrested and request a copy of my arrest report

Report # _____

I request copy of report (blotter, aided case, auto accident, domestic incident)

Report # _____

I request records related to a specific address

Date Range: _____ Address: _____

I request records related to a specific person

Date Range: _____ Name of Person: _____

Section 2:

Complete the below if you are a crime victim:

I, _____ under penalty of perjury, do solemnly swear or affirm that I reside at
(street address) _____, City/State/Zip _____

Pursuant to the provision of section 646 of the NYS Executive Law, I request, without charge, a copy of the Police Report of the incident in which I was the victim.

CRIME VICTIM SIGNATURE: _____

Desk Officer Lt. / Sgt. _____ Serial # _____ Date: _____

Is the requester a crime victim? Yes No
(copy ID and attached to this form)

I HEREBY CERTIFY THAT ACCESS TO THE RECORDS REQUESTED ARE APPROVED, OR DENIED FOR REASONS LISTED BELOW.

Signature

Title: Freedom of Information Officer

Date:

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APPROVED AS NOTED: _____

DENIED AS NOTED: _____