

Signature and Date

Montgomery County Sheriff's Office

200 Clark Drive, Fultonville, NY 12072 (518) 853-5500 fax: (518) 853-4969

Request for release of reports under Freedom of Information Law

Your Name and Date of Birth:	Your Address:	Your Phone Number:
Type of Information Requested:	Type of Complaint:	Date of Incident:
Other Name(s) on the Report:	Reason for Request:	Complaint Number:
I am officially requesting reports pertaining to the information above. I make these requests under the Freedom of Information Act. I understand that I am entitled only to the incident report and no other associated documents including statements. I also understand that police reports that are sensitive in nature, such as drug offenses, juvenile complaints, or sex offenses, may not be released. I also know that open or pending complaints will not be released, nor will reports wherein criminal prosecution has begun and is not completed.		
The fee for Incident Reports is \$.25/page. This office does not make change, so have the exact amount, or have a money order made out to the Montgomery County Sheriff's Office. After your request has been reviewed and approved for release, you will be contacted between the hours of 8:30am and 4:00pm to advise you that the report is ready for you to pick up.		
I have read the foregoing and understand that a FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45PL.		
Signature of person making request		
The copy of the requested documents is included with this letter.		
Your request has been denied based on the following reason:		
 ☐ This incident is still being investigated. Re-apply in 30 days. ☐ This incident is still awaiting prosecution. Re-apply in 30 days. ☐ Information contained therein involves juveniles. ☐ Information contained therein involves a victim of a sex offense. ☐ Information contained therein involves confidential informants. ☐ Information contained therein involves law enforcement sensitive information. 		