



New York State Police Freedom of Information Request for Records

All requests must be made in writing. This form may assist you in structuring your request. Please complete this form and submit via email by clicking the button above or mail to:

New York State Police
Attn: Records Access Officer
1220 Washington Avenue, Bldg 22
Albany, New York 12226-2252

Within five (5) business days this agency will respond to your request for records with a written acknowledgement of receipt and a statement of the approximate date when such request will be granted or denied.

Requestor Information (Required)			Date:	
Name:				
Mailing Address:		City	State	Zip Code:
Party You Represent:				
Your Firm/Organization Name & Address:				Telephone Number:

Identify or describe the government record sought with sufficient specificity to enable the NYSP to ascertain and locate the record. Please fill in all known or applicable information.

Record Information		
Type of Government Record Sought:		
Incident Number:	Incident Type:	Incident Date / Time:
Incident Location:		
Name(s) and Date(s) of Birth of Individual(s) Involved:		
Other Descriptive Information of Record Sought:		

Note: This form is not intended for use as an appeal. Submit a letter requesting an appeal to the New York State Police Records Appeal Officer at the above address.