

LAKE CARMEL FIRE DEPARTMENT

APPLICATION FOR PUBLIC ACCESS TO RECORDS PURSUANT TO THE FREEDOM OF INFORMATION LAW
[Article 6, N.Y. Public Officers Law]

Fee Notice: A onetime twenty-five (\$25.00) dollar processing fee is due prior to the release of any information. Include a check or money order made out to Lake Carmel FD with the request.

To: Records Officer
LCFD
851 Route 52
Carmel, NY 10512

Lake Carmel Fire Dept use only
Stamp Date Application Received

PLEASE PRINT INFORMATION

1. Date of this Application: _____
2. Name of Person Requesting Record: _____
3. Title: _____
4. Company Name: _____
5. Address: _____
6. Phone Number: _____
7. Email: _____

Specific Record Requested

8. Date of Incident: _____
9. Description of Incident: example- Fire, Emergency Medical Call, Motor Vehicle Accident: _____
10. Specific Information Requested: _____
11. Preferred Delivery Method

- Applicant requests copy(ies) of record(s) via Mail
- Applicant requests copy(ies) of record(s) via E-Mail

LCFD representative will respond to this request within five (5) business days, as prescribed by law.

FOR LCFD OFFICE USE ONLY

Officer Handling Request: _____ Date: _____

- | | |
|--|--|
| <input type="checkbox"/> Request approved | <input type="checkbox"/> Request denied |
| <input type="checkbox"/> Insufficient data to perform search | <input type="checkbox"/> Record(s) not maintained by this Department |
| <input type="checkbox"/> Record(s), after a diligent search, cannot be found | <input type="checkbox"/> Request acknowledged |
| <input type="checkbox"/> Approximate date on which determination is expected to issue: _____ | |

Lake Carmel Fire Department, Inc. 851 Route 52, NY 10512 tel:845-225-3730 fax: 845-225-2291