



CITY OF WATERVLIET

FREEDOM OF INFORMATION LAW (FOIL) REQUEST FORM

MOTOR VEHICLE ACCIDENT REPORT REQUEST

(All information must be entered - DO NOT leave any field blank)

Name of Driver(s) involved:

Name of Registered Owner of Vehicle Involved:

Registration of Vehicle(s) Involved:

Location of Accident:

Day & Date of Accident:

Time of Day of Accident:

Name of Officer Investigating Accident:

Date of Request:

Phone Number:

Signature:

ACCESS TO RECORDS REQUEST

I hereby request to: Inspect the
Following Documents

Have Copies Made of
the Following Documents

(Be specific in your request. Use dates, names, etc.)

The information that you request must be a document that exists)

Location of Incident:

Date of Incident:

Describe the Incident:

Requestor's Name (print)

Requestor's Address:

Date of Request:

Phone Number:

Signature:

OFFICIAL USE ONLY

Route This Request To: _____ Department

Number of Copies Requested: _____

Amount Paid: \$ _____

Comments:

Date Received:

By Whom:

Date Processed:

By Whom

Date Requestor Notified:

By Whom

How Notified _____