



CITY OF WATERVLIET ACCESS TO RECORDS REQUEST FORM (FOIL)

MOTOR VEHICLE ACCIDENT REPORT REQUEST

NAME OF PERSON INVOLVED:

LOCATION OF ACCIDENT:

DATE OF ACCIDENT: _____

DATE OF REQUEST: _____

SIGNATURE: _____

ACCESS TO RECORDS REQUEST

I hereby request to: Inspect
 Have copies made

the following documents: _____

(Be specific in your request. Use dates, names, etc. The information you request must be a document that exist.)

Requestor's Name (Print): _____

Requestor's Address: _____

Phone Number: _____

Requestor's Signature: _____

Date of Request: _____

OFFICIAL USE ONLY:

ROUTE THIS REQUEST TO: _____ DEPARTMENT

NUMBER OF COPIES REQUESTED _____

AMOUNT PAID \$ _____

COMMENTS _____
