Fulton County Sheriff's Office
FOIL Records Request

Freedom of Information Law Records Request

Request information and form instructions – Complete the Requested Information and Requested Record Information sections of this form. Type or print the information.

- Within five business days the requestor will be notified of: the cost of the records (if any); request denial and reason for the denial; or an acknowledgment of the request and an estimated time required to fill the request.
- There may be a fee charged based on the amount or type of information sought and the staff time required to produce that information. Requesting persons will be advised of any fees prior to collection of the information. Records will be provided by the Sheriff's Office upon receipt of payment.
- Fulton County Sheriff's Office, StHwy 2712, Johnstown, NY 12095 / (518) 736-1128 / FAX (518) 762-8392

Requestor Information

Name – Printed	Date
Address, City, State, Zip	
Email Address	Telephone Number
Involvement ☐ Complainant ☐ Victim ☐ Witness ☐ Other:	

Requested Record Information – Include as much incident information as possible.

Record / Report Type ☐ Crime ☐ Investigation ☐ MV Collision ☐ Other:		Sheriff's Office Report Number
Incident Location	City/Town/Village	Incident Date / Time
Brief Description of Incident		
Reason for Request ☐ Insurance Record ☐ Attorney / Court ☐ Applicant Background Investigation ☐ Personal Record ☐ Employer ☐ Photographs / Video ☐ Other:		

Sheriff's Office Use Only

Request Status ☐ Approved and completed ☐ Denied – Referred to:		
Remarks		
Records Access Officer Name / Rank – Printed	Records Access Officer Signature	Date Completed

Version Jan 2025