



Auburn Police Department FOIL Request (Freedom of Information Law)



Mail request to:

Auburn Police Department
Attn: Records Bureau
46 North St.
Auburn, NY 13021

Additional request correspondence:

Fax requests to: (315) 255-0022
Email requests to: APD-Records@auburnny.gov

Name / DOB: _____
Address: _____
City, State, Zip: _____
Phone: _____

APD Complaint #: _____
Type of Incident: _____
Date/Time of Occurrence: _____
Location of Occurrence: _____
Officer's Name: _____

Name and Address of Involved Parties: _____

Reason for this report (Be specific and descriptive): _____

I have read this statement (had this statement read to me) and the facts contained therein are true and correct to the best of my knowledge. I have also been advised that swearing to a false statement can make me guilty of an additional crime. **False statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the New York State Penal Law.** I also understand there is a fee associated with the reproduction of the above records.

Signature of Person Requesting Records Organization Date:

APD Supervisor Review: _____

☐ Approved ☐ Denied

APD Records Clerk Fulfilling Request: _____