



City of Syracuse Freedom of Information Law Application

Return completed application to:
Office of the Corporation Counsel
233 E. Washington St. • 300 City Hall • Syracuse, N.Y. 13202
(315) 448-8400 (Main) • (315) 448-8381 (Fax) • E-mail: FOIL@syrgov.net

There is a 25¢ per page copying fee • No charge for documents sent via email*
Payment instruction provided upon completion of request, please do not send cash with this application

Applicant Information:

Today's Date: _____

Mailing Address (Still required for requests submitted via e-mail) _____

Mr.	Ms.	Mx.
Prefix (Select One)		

Name

City State Zip

Firm or organization (if applicable)

Telephone

Signature

Email*

For Police or Fire Reports:

• 911 calls are not maintained by the City of Syracuse; please contact the Onondaga County 911 Center for those records •

Type of Report(s) Requested:
(Select one option)

Police	Fire	Both
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Check this box if you are requesting a record of consent
**Pursuant to General Ordinance #34-2020, also known as the "City of Syracuse Right to Know" Legislation

Check this box if you are requesting COPS Camera footage
***REMINDER: Footage is only available for thirty (30) days after the incident date

Report #

Name of Person 1 Involved Date of Birth

Date of Incident/Date Range

Name of Person 2 Involved Date of Birth

Incident Address

Describe requested record(s) in detail (i.e. accident reports, incident reports, photographs, etc.)

For Code Enforcement, Zoning, or any other department:

Address of interest (if applicable)

Date Range

Describe requested record(s) in detail (i.e.: code violations, permits, licenses, zone check, CO, CA, contracts, etc.)