Return completed application to: Records Access Officer
Room 300City Hall,
233 E. Washington Street,
Syracuse, New York 13202
or FAX to: 315-448-8381

City of Syracuse
RECORDS ACCESS APPLICATION

Today's Date _____ *Mailing Address* _____

Name _____ *City* _____ *State* _____ *Zip* _____

Firm or Organization _____ *Telephone* _____

Signature _____ *E-mail* _____

There is a 25¢ per page copying fee. (Additional fees apply for photos and large maps.)

I hereby apply to inspect and / or copy the following record(s):

Record or Incident Type _____ *Date of Incident (if applicable)* _____

Incident Street Address (if applicable) _____ *Police or Fire Report # (if applicable)* _____

Describe Record(s) in Detail, Date of Birth, person(s) involved, etc.

_____

_____

_____

FOR AGENCY USE ONLY

D Approved

D Partially Approved

D Denied

D Record not maintained by the City

Records Access Officer _____

Date _____