

**CITY OF BATAVIA POLICE DEPARTMENT**

10 WEST MAIN STREET, BATAVIA, NEW YORK 14020

PHONE (585) 345-6350

FAX (585) 344-1878

**Property Owner's FOIL Request for Summary Contact Information**

(Print legibly using blue or black ink)

1) Mailing Address of Requestor:

Building / Property Address(es):

(City of Batavia Only)

Name (D.O.B)

Address (No. & Street)

Address

Address (No. & Street)

City, State & Zip Code

Address (No. & Street)

( )

Daytime Telephone Number

Address (No. & Street)

( )

Fax Number

Address (No. & Street)

2) E-Mail Address

3) I am the  Owner  Tenant  Managing Agent  Other (specify):

4) Date Range: From: To:

5)  Recurring (report will be provided once per month on the 2<sup>nd</sup> Monday of every month)

Photo-copy requested  Yes  No  
(Price for copies \$.25 each)

PDF E-Mail  Yes  No  
(email of report is preferred)

**For City Use Only**

Approved for Examination  Yes  No

If no, reason for denial

Freedom of Information Officer

PUBLIC RECORDS AND COPIES WILL BE PROVIDED AT THE CITY'S CONVENIENCE WITHIN THE GUIDELINES OF THE FREEDOM OF INFORMATION ACT.