



FOR OFFICE USE ONLY FOIL NUMBER

FOIL REQUEST FORM

Date:

REQUESTOR:

Name:

Entity Name:

Address:

Phone:

Email:

Under Article 6 of the New York State Public Officers Law (“FOIL”), I am hereby requesting copies of the following records:

Records Requested

Time Period of Records

Date of Incident (if applicable)

Location (if applicable, include the exact street address and cross street)

Additional Details

NYC Department of Transportation
Division of Legal Affairs – FOILUnit
55 Water Street – 4th Floor
New York, NY 10041
T: 212-839-9850
www.nyc.gov/dot

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