Department of Transportation

JANETTE SADIK-KHAN, Commissioner

Date: _____/_____/_____

F-_____-_____

REQUESTED BY:

Name: _____

Address: _____

_____

Phone: _____

Under the Freedom of Information Law, (Public Officers Law **§84** et seq., "FOIL") I am hereby requesting copies of the following records/documents:

_____

Records Requested

_____

Time – Period of Records

_____

Date of Accident:

_____

Location: (If applicable, include exact street address & Cross Street)

_____

_____

Signature

_____

Print Name

NYC Department of Transportation
Division of Legal Affairs
55 Water Street -- 6th Floor
New York, NY 10041
T: 212 – 839-9850
www.nyc.gov/dot