Suffolk
COUNTY COMMUNITY COLLEGE

# REQUEST FOR COPY OF INCIDENT REPORT

DATE: _____

TO: FREEDOM OF INFORMATION LAW OFFICER
SUFFOLK COUNTY COMMUNITY COLLEGE
533 COLLEGE ROAD, SELDEN, NY 11784-2899

Under the Freedom of Information Law, I am requesting a copy of Incident Report #

_____ dated _____ .

The incident occurred on the _____ campus.

Signature of Requestor: _____

Printed Name of Requestor: _____

Mailing Address: _____

E-Mail Address: _____

Telephone Number: _____