**Town of Elmira**

1255 W. Water Street, Elmira, NY 14905

(607)734-2031, Fax (607) 734-4089

APPLICATION FOR ACCESS TO RECORDS

FREEDOM OF INFORMATION LAW (FOIL)

I do hereby request the following records: 󠆳 to inspect󠆳 󠆳󠆳 as copies 󠆳󠆳 emailed

The information you provide must be specific to what you are requesting: (use back if needed)

 \_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_

Reason for Request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Police Report Requests (Relationship to person involved) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_ Name (please print clearly) Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address Date of Birth Date of request

Phone Number Email

**By signing above, I consent to the following:**

To pay all costs incurred for the search of the above requested records

To pay a charge of 25¢ per copy, and/or the reproducing cost (this includes all records that need to be copied in order to be emailed or faxed) Payment must be made prior to sending the documents

I certify that the information being requested is not for the purpose of solicitation or fund-raising. I will not sell, give or otherwise make available such information to any other person for the purpose of allowing that person to use the information for solicitation or fund-raising purposes.

**FOR AGENCY USE ONLY**

󠆳 Denial of Access: I hereby certify that access has been denied to the applicant for the reason(s) checked below:

\_\_\_Confidential disclosure

\_\_\_Unwarranted Invasion of Personal Privacy

\_\_\_Exempted by statute other than Freedom of Information Act

\_\_\_Other

You have the right to appeal a denial of this application in writing to the Town Board of the Town of Elmira within Thirty Days (30) of denial

󠆳 Search Certification: I certify that a proper search has been conducted for the records requested and they cannot be found

󠆳 Approved: I certify that the copies attached are correct copies of the records requested above

 \_\_\_\_\_\_\_\_

Name (CLERK) Signature Date

Department Head approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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