APPLICATION FOR PUBLIC ACCESS TO RECORDS
FREEDOM OF INFORMATION LAW (FOIL)

TO: Town of Schuyler Falls Access Officer

I hereby apply for **copies of/to inspect** the following records; (circle choice)

Name of Department:_____

Records Sought:_____
_____
_____

I agree to pay $0.25 per page for copies of requested records and also any necessary postage.

Signature:_____**Date**:_____

Representing:_____

Print Name of Requestor:_____

Mailing Address:_____

Telephone:_____

FOR AGENCY USE ONLY

Approved:_____ **Denied**:_____

A diligent search finds no responsive documents:_____

Record(s) not available at this time: _____

_____ _____ _____
Signature **Title** **Date**

NOTICE: You have the right to appeal a denial of this application to Town of Schuyler Falls Attorney at P.O. Box 99, 997 Mason St., Morrisonville, NY 12962 who must fully explain his reasons for such denial in writing within seven days of receipt of an appeal.

I hereby appeal:

_____ _____
Signature **Date**