

VILLAGE OF BALLSTON SPA

Saratoga County Seat

66 FRONT ST

Ballston Spa, NY 12020

PHONE: 518-885-5711

FAX: 518-670-2807

Village Clerk: Date received : _____

Freedom of Information Law Application (F.O.I.L.)- Application for access to public records.

To be completed by the applicant: *Please type or print clearly. Complete this entire section and submit to Ballston Spa Village Clerk, 66 Front St. Ballston Spa, NY 12020.*

I HEARBY APPLY TO REVIEW OR COPY THE RECORD(S) DESCRIBED BELOW:

Name of applicant: _____ Phone: _____

Mailing Address: _____ City/State/Zip: _____

Name of Business or Firm: _____ Email: _____

Signature of applicant: _____

Re: Freedom of Information Law Request Records Access Officer: Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby apply to review or be provided a copy of records or portions thereof pertaining to (or containing the following) **DESCRIPTION OF RECORD SOUGHT TO INSPECT AND ANY SPECIAL INSTRUCTIONS:** (attempt to identify the records in which you are interested as clearly as possible including date, time frame , addresses if applicable) If we cannot determine what record(s) you seek your application will be denied. Under NYS FOIL the Village of Ballston Spa is only required to supply **DOCUMENTS THAT ALREADY EXIST** (NYS POL Article 6).

If my request appears to be extensive or fails to reasonably describe the records, please contact me in writing or by phone at _____ or email _____.

FEE SCHEDULE

If there are any fees for copying the records requested, please inform me before filling the request (or: ... please supply the records without informing me if the fees are not in excess of \$.25cents per page, not in excess of 9x14). Deposits may be required for voluminous requests. Copy fees are to be paid for any pages required to be redacted prior to viewing a file. FOIL requests will not be processed for any person or company who fails to pay any outstanding FOIL fees due for a prior FOIL request. Copies will be prepared unless specifically requested otherwise.

As you know, the Freedom of Information Law requires that an agency respond to a request within five business days of receipt of a request. Therefore, I would appreciate a response as soon as possible and look forward to hearing from you shortly. If for any reason any portion of my request is denied, please inform me of the reasons for the denial in writing and provide the name and address of the person or body to whom an appeal should be directed.

SECTION 2= TO BE COMPLETED BY AGENCY RECORDS ACCESS (FOIL) OFFICER

Receipt of this request is hereby acknowledged. Please allow Twenty (20) business days for processing before contacting this office. A copy of this form is being sent to you indicating your request is being processed.

Date received: 202__-__

Date: Records Access Officer:

FOIL #: ID: 202__-____

Office of the Village Clerk, 66 Front Street, Ballston Spa, NY 12020 (518) 885-5711

Please note: The Public Officer's Law requires that a municipality acknowledge receipt of a FOIL request withing five (5) business days.

Application Number 202____-____	AGENCY USE ONLY
FOR AGENCY USE ONLY BELOW SECTION 3 – NOTICE TO APPLICANT	
RECORDS PROVIDED:	
☐ The records have been fully provided. ☐ The records have been partially provided or redacted. ☐ The document(s) you requested are available. The cost of reproduction is \$_____ Please bring your cash, check, or money order payable to the "Village of Ballston Spa" and submit to Village Clerk, 66 Front Street, Ballston Spa, NY 12020. ☐ Please call 518-885-5711 to schedule an appointment to view documents.	
RECORDS DENIED, PARTIALLY PROVIDED, OR REDACTED:	
☐ Request needs to be more specific because use cannot determine what record(s) you seek ☐ Records not possessed ☐ After diligent search, there are no known documents that are responsive to your request ☐ Municipalities are not required to respond to questions or inquiries, only to provide documents ☐ Exempted by statute other than the Freedom of Information Law ☐ Unwarranted Invasion of personal privacy ☐ Would Impair present or Imminent contract awards or collective bargaining negotiations ☐ Law Enforcement records	☐ Are trade secrets or commercial enterprise documents which if disclosed would cause injury to the competitive position of the subject enterprise ☐ Complainant's name cannot be disclosed pursuant to the Public Officers Law Article 6A and Sec. 89-2(a) ☐ Would endanger the life or safety of any person ☐ Municipalities are only required to search for specific documents requested ☐ Exempt Inter-agency or Intra-agency materials ☐ Exempt examination questions or answers ☐ Other
Name of Records Access Officer:	Records Access Officer's Signature:
	Date:

This Freedom of Information Request will remain on file for six (6) months from the date of final determination. Thereafter it will be destroyed.

NOTICE: You have the right to appeal a denial of this application to Mayor Frank Rossi, 66 Front Street, Ballston Spa, NY 12020. You are entitled to an explanation of the reason for such denial in writing within ten(10) days of receipt of the appeal.

I hereby appeal: _____

Signature
Date