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 inspect ☐ 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_____

Cost of Copies: number of copies _____ Cost per page _____ Total_____