VILLAGE OF BROCKPORT

FREEDOM OF INFORMATION LAW (FOIL) REQUEST FORM

Please complete this form to request access to records maintained by the Village of Brockport.

DIRECTIONS

Please provide the information requested below and clearly describe the records you are seeking.
Completed requests may be emailed to: bkrizen@brockportny.gov

Please include your name, mailing address, email address, and telephone number, along with your preferred method for receiving the requested records.

Please describe the records you are requesting as specifically as possible. Include dates, names, departments, subjects, or other information that will help the Village identify the records.

REQUESTER INFORMATION

Name: _____

Mailing Address: _____

City/State/ZIP: _____

Email Address: _____

Telephone Number: _____

HOW WOULD YOU LIKE TO RECEIVE THE RECORDS?

Please check one: ☐ Email ☐ U.S. Mail ☐ Pick Up at Village Hall ☐ Other: _____

The Village will make records available in accordance with the New York State Freedom of Information Law. Additional fees may apply where permitted by law.

RECORDS REQUESTED

Please describe the records you are requesting. Be as specific as possible.
Date range of records, if applicable: _____

_____

_____

_____

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_____

_____

_____

ADDITIONAL INFORMATION

Please provide any additional information that may help the Village locate the requested records:

_____

_____

_____

Date of Request: _____

SUBMIT COMPLETED REQUEST

Email: bkrizen@brockportny.gov

Mail: Village of Brockport
127 Main Street
Brockport, New York 14420

In Person: Village of Brockport
127 Main Street
Brockport, New York 14420