TOWN OF CRAWFORD Freedom of Information Act (FOIL) Application

Section 1 – To Be Completed by Applicant	
I HEREBY APPLY TO REVIEW OR COPY THE RECORD (S) DESCRIBED BELOW	
Name of Applicant:	Cell/Telephone #:
Name if Business Firm:	Street Address:
Name of Client Represented:	Town/City State Zip
Signature of Applicant:	Date of Application:
Email Address:	

Description of Records Sought for Inspection: Please describe the record sought in as specific detail as possible. In the case of property records, include tax map #. This will ensure the Town to accelerate its record search. Please remember that under the Freedom of Information Law the Town of Crawford is required to supply **records** (e.g. public documents, maps, photographs) not **information** (e.g. answers to questions)
◯ I desire to view the documents requested during regular business hours.
◯ I am requesting copies of the records, and hereby, agree to pay the lawful reproduction cost plus applicable postage. (Twenty-five cents / per page for photocopies) Request for specialized documents (blueprints, maps, etc.) will be charged at the Town's cost to reproduce.

SECTION 2 – To Be Completed by the Freedom of Information Officer
An acknowledgement will be sent to you acknowledging your request as required by the Public Officer's Law that a municipality respond to the original request within five business days. (After receipt is acknowledged you will receive a response as quickly as possible.) Note that there is no specific limitation as to the time necessary to determine whether the records requested exist and to produce those records. If more than twenty (20) days are required you will be notified. We endeavor to make records available as quickly as possible.

Section 3 – Notice to Applicant
You have the right to appeal a denial of this application in writing to the Appeals Officer, Michael Menendez, 121 State Route 302, Pine Bush, NY 12566. Telephone: (845) 625-3280 Email: RMahon@mrmlegal.com within 30 days of the denial. You will receive a response in writing within ten (10) business days of receipt of your appeal.

THIS PORTION TO BE FILLED OUT BY TOWN CLERK'S OFFICE:

Request Received By:_____ Date:_____

Department Forwarded To:_____ Date:_____

Department Forwarded To:_____ Date:_____

Department Forwarded To:_____ Date:_____

THIS PORTION TO BE FILLED OUT BY DEPARTMENT HEAD:

Date Received by Department:_____ Date of Response to Town Clerk:_____

Signature of Department Head:_____

Applicant Received Response on:_____ Via: Phone/Email

Applicant Received Records on:_____

5 Day:	20 Day: