



FREEDOM OF INFORMATION LAW – REQUEST FORM

OFFICIAL USE ONLY

DATE & TIME STAMP

REQUESTER'S INFORMATION:

Name: _____

Company Name (if applicable): _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Email Address: _____

RECORDS REQUEST:

- Fully describe in detail the records that you are requesting in order to accurately respond to your request.
- Request must include dates, addresses and time period of the documents, if applicable.

Failure to describe in specific detail may result in a denial of your request.

Documents are located in the Department(s): _____

DOCUMENTS REQUESTED:

I HEREBY APPLY TO:

- INSPECT THE RECORDS – *appointment is required*
 HAVE PHOTO COPIES – *fee is applied*
 SENT ELECTRONIC IF AVAILABLE – *no charge*

FEE:

- There is a charge of twenty-five cents per page for each regular size (8 ½ x 11) public document copied.
- There will be additional charges for larger size documents, maps, tapes, disks, etc.
- By signing this document, you agree to pay any reproduction costs that may apply.

Signature: _____

Date: _____

SUBMIT COMPLETED APPLICATION TO: FOIL@NEWROCHELLENY.COM

NOTICE TO THE APPLICANT:

- An Acknowledgement to your request will be provided within five (5) business days.
 - Standard turnaround time for requested records is twenty (20) business days.
 - All applications requesting extensive information may take longer
- If denied you have the right to appeal in writing within ten (10) business days to:

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