



VILLAGE OF SARANAC LAKE
FREEDOM OF INFORMATION LAW (FOIL)
REQUEST

[This form language is optional but may enhance your use of the Freedom of Information Law. You may choose to utilize certain portions that are most applicable to your request. You may cut and paste the entire form into an email, read all provisions, and delete and/or modify those that do not apply.]

Dear Records Access Officer:

- (1) Please mail/ email the following records if possible [include as much detail about the record as possible, such as relevant dates, names, descriptions, etc.]:

- (2) Please advise me of the appropriate time during normal business hours for inspecting the following records prior to obtaining copies [include as much detail about the records as possible, including relevant dates, names, descriptions, etc.]:

- (3) Please inform me of the cost of providing paper copies of the records.

- (4) If the requested records cannot be mailed/ emailed to me due to the volume of records identified in response to my request, please advise me of the actual cost of copying all records onto a CD or floppy disk.

- (5) If my request is too broad or does not reasonably describe the records, please contact me via mail/ email so that I may clarify my request, and when appropriate inform me of the manner in which records are filed, retrieved or generated.

If it is necessary to modify my request, and an mail/ email response is not preferred, please contact me at the following telephone number: _____.

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, address/ email address of the person or body to whom an appeal should be directed.

Name:

Address [if records are to be mailed]

OR

Email [if records are to be emailed]



VILLAGE OF SARANAC LAKE
FREEDOM OF INFORMATION LAW (FOIL)
REQUEST FORM

APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: RECORDS ACCESS OFFICER

Fee: \$.25 per page

Name: _____

Please indicate amount fee should not exceed

Address: _____

Phone: _____

Email: _____

I HEREBY APPLY FOR THE FOLLOWING RECORD:

NOTICE: You have a right to appeal a denial of this application to the head of this agency who must fully explain the reasons for such denial in writing within seven days of receipt of this appeal.

I HEREBY APPEAL:

Signature:

Date:

AGENCY USE ONLY

Approved Denied Record is not maintained by this agency

Record of which this agency is Legal Custodian cannot be found

Date of Notice of Cost:

Time Needed for Research:

Date of Payment:

Estimated Date of Readiness:

Prepared by (Signature):