

DATE FOIL REQUEST FILED:



VILLAGE OF DOBBS FERRY

APPLICATION FOR PUBLIC ACCESS TO RECORDS PER FREEDOM OF INFORMATION LAW (FOIL)

- INSTRUCTIONS:**
1. Information **MUST** be typed or printed. Incomplete information may result in the return of your application.
 2. Please return completed FOIL request to Ms. Elizabeth A. Dreaper, Records Access Officer, 112 Main Street, Dobbs Ferry, NY 10522.
 3. Requests will be processed within 5 to 7 business days.

I DO HEREBY APPLY TO INSPECT THE FOLLOWING RECORDS OF _____
NAME OF DEPARTMENT

RECORDS REQUESTED: (PLEASE IDENTIFY THE RECORDS AS CLEARLY AND SPECIFICALLY AS POSSIBLE AND PROVIDE SUFFICIENT INFORMATION WHICH WOULD BE HELPFUL IN IDENTIFYING AND LOCATING THE REQUESTED RECORD)

NOTE: THERE IS A FEE OF .25¢ PER PAGE NOT EXCEEDING 8 ½ X 14. A PROPORTIONATE FEE WILL BE CHARGED FOR BINDING AND OVERSIZE COPIES.

REQUESTER'S NAME – PRINTED

REQUESTER'S SIGNATURE

REQUESTER'S ORGANIZATION

REQUESTER'S ADDRESS (INCLUDE STREET, CITY, STATE AND ZIP CODE)

REQUESTER'S TELEPHONE NUMBER

REQUESTER'S E-MAIL ADDRESS

FOR OFFICE USE ONLY

VILLAGE DATE STAMP OF RECEIPT OF FOIL:

APPROVED:

TOTAL AMOUNT DUE: _____ PAGES x .25¢ = \$ _____

DENIED (For the Reason(s) Checked Below):

Confidential Disclosure

After a diligent search, records cannot be located

Part of investigatory Files

Record is not maintained by this agency

Exempt by statute other than FOIL

Unwarranted Invasion of Personal Privacy

Other (specify): _____

RECORDS ACCESS OFFICER

DATE

NOTE: You have a right to appeal a denial of this application to the Attorney for the Village of the Village of Dobbs Ferry who must fully explain his reasons for support of such denial in writing.

I HEREBY APPEAL _____
SIGNATURE

DATE