

**REQUEST FOR RECORDS
FREEDOM OF INFORMATION (FOIL) APPLICATION**

**Village of Hammondsport Clerk
18 Water Street
Hammondsport, New York 14840
607-569-3700**

Date: _____

Dear Records Access Officer:

(1) I am requesting copies of the following records (please provide as much detail as possible).

(2) Please (email, mail, or call) me when they are available for release and to provide me with the amount I owe (.25 per paper copy, \$5.00 for disk, no charge for email, if applicable).

Signature: _____
Printed Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

If for any reason my request or a portion of my request is denied, please inform me of the reasons for the denial in writing and provide the name, address and email address of the person or body to whom an appeal should be directed.

FOR AGENCY USE ONLY

Completed date: _____ Notified date: _____
Number of pages: _____ Number of CD's: _____ Emailed: _____

Reason if denied: _____