REQUEST FOR RECORDS
FREEDOM OF INFORMATION (FOIL) APPLICATION

Village of Hammondsport
P.O. Box 425
80 Shethar Street
Hammondsport, New York 14840
(607) 569-3700
clerk@hammondsport.us

Date: _____

Please be aware that the Freedom of Information Law of New York allows a municipality to take up to five (5) business days to acknowledge your request. The municipality then has 20 business days from the day of acknowledgment to deny or grant the request in whole or in part. If the request cannot be provided by the end of the 20 business days, a date certain within a reasonable period, depending on circumstances, when the request will be granted in whole or in part.
Dear Records Access Officer:

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

2. Please (circle one): Email Mail Call
   When the records are available for release and to provide me with the amount I owe to the Village of Hammondsport.
   (.25¢ per paper copy, $5.00 flash drive, no charge for email)

Printed Name: _____
Signature: _____
Mailing 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

Received Date:_____Completed Date:_____Notified Date: _____
Number of Pages: _____Flash Drive: _____Emailed: _____Mailed:_____

Reason for denial: _____