

**Village of Washingtonville
Freedom of Information Law (FOIL)
Application for Public Access to Records**

To: Records Access Officer

Name of Agency/Dept

I hereby apply to inspect/obtain copies of the following record(s): _____

NOTE: A fee of 25 cents per copy will be charged for all copies requested. Fees for documents larger than 9"x14" (reproduced by a private contractor), data files (discs) and recordings will be charged for the actual cost of reproduction.

Signature: _____ Date: _____

_____ Home Tel # _____ Cell _____
Print Name

Mailing Address

For Agency Use Only

Approved _____

Denied (For reason(s) checked below):

- _____ Confidential Disclosure
- _____ Part of Investigatory Files
- _____ Unwarranted Invasion of Personal Privacy
- _____ Record of which this Agency is Legal Custodian and cannot be found
- _____ Exempted by Statute other than the Freedom of Information Law
- _____ Other (specify) _____

Signature Title Date

NOTE: You have a right to appeal a denial of this application to the head of the agency.

Name: _____ Business Address: _____

Who must fully explain the reason(s) for such denial within seven days of receipt of an appeal. I hereby, appeal this application.

Signature Date