



Village of Washingtonville

9 Fairlawn Drive, Washingtonville, NY 10992 • 845.496.3221

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: _____

Name: _____ Home Tel#: _____ Cell #: _____

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: _____