Chemung County
Public Information and Records Department
Phone: (607) 737-2837
www.chemungcounty.com

203 Lake Street
P.O.Box 588
Elmira, NY 14902
Fax: (607) 737-0351

Application for Access to Records
Freedom of Information Law (FOIL)

I do hereby request the following record(s):

_____

_____

_____

_____

_____

Please be as specific as possible. If requesting information on an individual, such as criminal records, please provide the persons date of birth. Copies are subject to a fee of $0.25 per page.

_____ _____
Name: (please print) Email Address:

_____ _____
Mailing Address: Date:

_____ _____
City, State, Zip Code: Representing: (if applicable)

_____
Signature:

Email requests to communications@co.chemung.ny.us or mail to 203 Lake Street P.O. Box 588 Elmira, NY 14902

FOR DEPARTMENTAL USE ONLY

□ **Denial of Access**:

I hereby certify that access has been denied to the applicant for the reason(s) checked below:
□ Exempt by other statute
□ Confidential disclosure
□ Part of investigatory files
□ Unwarranted invasion of personal privacy
□ Not specifically named as available under any statute
□ Other _____
You have the right to appeal denial of this application by writing, within thirty (30) days, to the Chemung County Attorney ● P.O. Box 588 ● Elmira, New York 14902.

□ **Search Certification:**
I certify that a proper search has been conducted for the records requested and they cannot be found.

□ **Correctness Certification:**
I certify that the copies attached are correct copies of the records requested by the applicant.

_____ _____ _____ _____
Name: Signature: Title: Date:

Cost of Copies: Number of Pages _____ Total Cost _____