



**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 apply to  inspect  obtain a copy of the following record(s):\*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Name: (please print)*

\_\_\_\_\_  
*Signature:*

\_\_\_\_\_  
*Mailing Address:*

\_\_\_\_\_  
*Date:*

\_\_\_\_\_  
*City, State, Zip Code:*

\_\_\_\_\_  
*Representing: (if applicable)*

*\* There is no charge for the inspection of documents, however, if duplication is requested, a charge of \$.25 per page (up to 9 X14 inches) or the actual cost to reproduce other records, will be assessed.*

**Send request to:**

Chemung County Public Information and Records Department  
 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 \_\_\_\_\_ Cost per Page \_\_\_\_\_ Total Cost \_\_\_\_\_  
*Checks should be made payable to the Chemung County Treasurer.*

Payment received by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_