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: Records Manager Chemung County Stormwater Team, 851 Chemung Street, Horseheads, NY 14845

Please Note: If the requested records are Municipal Records, the Municipality will be notified of the request.

□ Denial of Access:
Access to information has been denied ______________________________________________________

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 SWCD.

Payment received by: _______________________________Title: _______________________Date: ________