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: ________