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: __________________________

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
□ Other: __________________________

□ Unwarranted invasion of personal privacy
□ Not specifically named as available under any statute

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: __________________________

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