



Kevin Adams, Director of Public Information

Phone: (607) 737-2837
kadams@chemungcountyny.gov
www.ChemungCountyNY.gov

203 Lake Street
PO 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@chemungcountyny.gov 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:

- | | |
|--|--|
| <input type="checkbox"/> Exempt by other statute | <input type="checkbox"/> Unwarranted invasion of personal privacy |
| <input type="checkbox"/> Confidential disclosure | <input type="checkbox"/> Not specifically named as available under any statute |
| <input type="checkbox"/> Part of investigatory files | |
| <input type="checkbox"/> 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: _____ Paid by: _____