

**APPLICATION FOR PUBLIC ACCESS TO RECORDS  
FREEDOM OF INFORMATION LAW (FOIL)**

**TO:** Town of Schuyler Falls Access Officer

I hereby apply for copies of/to inspect the following records; (circle choice)

**Name of Department:** \_\_\_\_\_

**Records Sought:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to pay \$0.25 per page for copies of requested records and also any necessary postage.

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

**Representing:** \_\_\_\_\_

**Print Name of Requestor:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**FOR AGENCY USE ONLY**

**Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_

A diligent search finds no responsive documents: \_\_\_\_\_

Record(s) not available at this time: \_\_\_\_\_

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTICE:** You have the right to appeal a denial of this application to Town of Schuyler Falls Attorney at P.O. Box 99, 997 Mason St., Morrisonville, NY 12962 who must fully explain his reasons for such denial in writing within seven days of receipt of an appeal.

I hereby appeal:

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_