



APPLICATION FOR PUBLIC ACCESS TO RECORDS

I HEREBY REQUEST COPIES OF THE FOLLOWING PUBLIC RECORDS:

Date: _____

Print Name: _____

Signature: _____

Address: _____

E-mail: _____

Phone: _____

+++++

(For FOIL Officer Use Only)

Received: _____ Approved: _____ Denied: _____

Records Cannot Be Found: _____

Signature: _____ Title: _____ Date: _____

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Notice: This request and any appeals will be processed in accordance with the Public Officer's Law ("POL"). All communications should be directed to TLDC Executive Director and FOIL Officer Steven Strichman at 279-7166 or Steven.Strichman@troyny.gov.

I hereby appeal the denial of access to the public record(s) as requested above:

Name (Print): _____

Signature: _____

Address: _____