



Village of Le Roy

INCORPORATED IN 1834
LE ROY, NEW YORK 14482

585-768-2527

Fax: 585-768-4549

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Freedom of Information Law (FOIL) Application

To: Records Access Officer

Date: _____

Print Name

Mailing Address

Phone Number

You must be specific by including dates, titles, file designations and/or other descriptive information.

I hereby apply to inspect the following record(s):

Signature

Representing

FOR AGENCY/DEPARTMENT USE ONLY

_____ Receipt of request acknowledged, however, additional time is required to reply.

Number of Days _____ Reason _____

_____ Approved

Total fee must be paid in advance for charges below. Make check or money order payable to the Village of LeRoy.

\$ _____ for _____ pages at \$.25 per page

\$ _____ other costs of production

_____ Denied

_____ Records of which this Agency/Department is Legal Custodian cannot be found.

_____ Record is not maintained by this Agency/Department.

_____ More specific details are needed to respond.

_____ Pursuant to Section 87(2) _____ of the Public Officers Law since the requested records:

Signature

Date

Title

Notice

You have the right to appeal a denial, in whole or in part, within thirty (30) days in writing to the Village of LeRoy Clerk, Attn: Village Attorney, 3 West Main Street, LeRoy, NY 14482.