

Town Clerk

Date Stamp

FREEDOM OF INFORMATION LAW (F.O.I.L.) APPLICATION FOR ACCESS TO PUBLIC RECORDS

	SECTION 1 - TO BE TO REVIEW OR HAV		Y APPLICANT RECORD(S) DESCRIB	ED BELOW:
Name of Applicant:		Mailing Address of Applicant (include suite if applicable):		
Name of Business or Firm:		City:	State:	Zip Code:
Date of Application:		Phone:		
Method of Response: (Choose one) Mail Email Pho	one Call to Pickup	Email:		
Signature of Applicant:		Requested Information	mation Department (if	known):
DESCRIPTION OF RECORD SOUGHT TO INSPECT AND ANY SPECIAL INSTRUCTIONS. Please describe the record(s) sought in as specific detail as possible, with address, date or time frame, if applicable. If we cannot determine what record(s) you seek, your application will be denied. Under the NYS FOIL Law, the Town of Minerva is <u>only</u> required to supply DOCUMENTS THAT ALREADY EXIST (NYS POL Article 6).				
	FEI	E SCHEDULE		
Be advised that there is a statutory fee due of reproduction will be charged. Deposits ma prior to viewing a file. FOIL requests will prior FOIL request. Email/digital copies wi	e (\$.25 per page, not in ay be required for volur not be processed for a	excess of 8.5x11) minous requests. (ny person or comp	Copy fees are to be paid pany who fails to pay a	for any pages required to be redacted
SECTION 2 - TO I Receipt of this request is hereby acknowled			ORDS ACCESS (FOII	
Date:	Received by:		Application Nu	
Response Deadline:	Method of delivery/co	ontact:	Confirmation o	f delivery:
Fee for copies:	Paid(if applicable):			
Town Clerk, 5 Mor	se Memorial Hwy, PO	Box 909, Minerva	, NY 12851 (518)251-28	869 Ext. 101.