



TOWN OF WOODSTOCK
45 COMEAU DRIVE, WOODSTOCK, NY 12498
Phone: (845)679-2113 - Fax:(845)679-8743
www.woodstockny.org

Department: _____

Date Received: _____

APPLICATION FOR ACCESS TO RECORDS

Under the provisions of the New York Freedom of Information Law (FOIL), Article 6 of the Public Officers Law, that requires requests for access to records be responded to within 5 business days. I hereby request records or portions thereof pertaining to:

After inspection, should I desire copies of all or part of the records inspected, I will identify the records to be copied and hereby agree to pay the established fees as specified below (*check one*):

- ☐ Please inform me of any fees before filling this request.
- ☐ Please supply the records without informing me if the fees are not in excess of \$ _____

PRINT NAME _____ PHONE _____

MAILING ADDRESS _____

SIGNATURE _____ DATE _____

REPRESENTING _____

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DENIAL OF ACCESS: I hereby certify that access to the records above marked with an asterisk has been denied to the applicant for the following reason(s):

DEPARTMENT _____ TITLE _____ DATE _____

SIGNATURE _____ ** Right to appeal information on back of form**

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SEARCH CERTIFICATION: I certify that a diligent search has been conducted for the records requested for inspection by the applicant and that:

- | | |
|---|--|
| <input type="checkbox"/> The records have been provided. | <input type="checkbox"/> The records requested do not exist. |
| <input type="checkbox"/> The Town of Woodstock is not the custodian for such records. | <input type="checkbox"/> The records cannot be found. |

DEPARTMENT _____ TITLE _____ DATE _____

SIGNATURE _____

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COST OF COPIES: .25 cents per page Number of pages _____ Total cost _____

Payment received by _____ TITLE _____ DATE _____

