



FOIL #

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Requestor Name: _____

Mailing address: _____

Email: _____ Phone: _____

Agency Represented (if applicable) _____

I hereby apply to (check one) Inspect Request copies of the following records

(Please be as specific as possible) _____

Signature: _____ Date: _____

FOR AGENCY USE ONLY

Department Responsible for Record _____ Date Given to Department _____

Approved by: _____ Title _____ Date _____

Denied (check reason below):

- ___ Confidential Disclosure
___ Unwarranted Invasion of Personal Privacy
___ Record of Which This Agency is Legal Custodian Cannot Be Found
___ Record is Not Maintained by This Agency
___ Exempted by Statue Other Than the Freedom of Information Act
___ Other _____

Notice: You have a right to appeal a denial of this application within 30 (thirty) days from the date of the denial. The Agency must explain the reasons for such denial within 10 (ten) business days from date of receipt of denial request.

I _____ am in receipt of an appeal of a denial of FOIL number _____

Signature _____ Title _____ Date _____

5-Day Response _____ 20-Day Response _____ Date Completed _____

Fee collected (if applicable) _____ Check # _____ Receipt Number: _____