



APPLICATION FOR PUBLIC ACCESS TO RECORDS
"Freedom of Information Law" (FOIL) Request

Franklin County
355 West Main Street, Suite 456
Malone NY 12953

TO: FOIL Officer

Date:

Please Print Clearly
NAME:

Phone Number:

Mailing
Address:

Email:

I wish to inspect the following record(s): Please fully identify/Use back of form if needed

SIGNATURE:

STOP HERE- FOR OFFICE USE ONLY

____ APPROVED – You may see and/or request copies of this (these) record(s) as follows:

DATE: _____ TIME: _____ PLACE: _____

____ DENIED – For the reason(s) checked below:

- ☐ Confidential disclosure
- ☐ Part of investigatory files
- ☐ Unwarranted invasion of personal privacy
- ☐ Record is not maintained by this agency
- ☐ Exempted by statute other than the Freedom of Information Law
- ☐ The Freedom of Information Law does not provide access to this information
- ☐ Primary source of information is _____
- ☐ Record to which this agency is legal custodian cannot be found
- ☐ Other (specify) _____

SIGNATURE: _____ **DATE:** _____

Request Invoice Number:	Received By:
Price Per Copy:	Number of Copies:
Amount Due:	Cash/Check/Money Order No.:
Amount Received:	Disposition Date: