

# APPLICATION FOR FOIL REQUEST

(ONE REQUEST PER FORM)



TO: Village of Palmyra Clerk-Treasurer  
144 East Main Street  
Palmyra, New York 14522  
Phone: (315) 597-4849, option 6  
Email: Info@PalmyraVillageNY.org

\_\_\_\_ I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD(S):  
\_\_\_\_ I REQUEST COPIES **(AT THE COST OF \$0.25 PER PAGE)** OF THE FOLLOWING RECORD(S):  
\_\_\_\_ I REQUEST VIDEO FILES **(AT THE COST OF UP TO \$10.00 PER USB DRIVE\*)** OF THE FOLLOWING RECORD(S):

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Signature: \_\_\_\_\_ Title of Agency: (if any) \_\_\_\_\_  
Name: (Please print) \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Date: \_\_\_\_\_

\* cost of USB drive is dependent on the level of storage needed to accommodate records requested

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## VILLAGE CLERK'S OFFICE

____ <b>APPROVED</b>	____ <b>DENIED**</b> (for the reason(s) checked below)
____ Number of Pages	____ Confidential Disclosure
____ Cost of USB Device	____ Exempted by Statute Other than the Freedom of Information Act
____ Total Amount Owed	____ Part of Investigatory Files
____ Date Paid/FOIL Result Receipt	____ Record is not Maintained by this Agency
	____ Record of Which this Agency is Legal Custodian Cannot be Found
	____ Unwarranted Invasion of Personal Privacy
	____ Other (specify) _____

\_\_\_\_\_  
Signature Title Date

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**\*\*NOTICE TO REQUESTOR:** You have the right to appeal a denial of application to the Palmyra Village Board

Requestor initialed acknowledgment of receipt for results of FOIL request: \_\_\_\_\_ Method: Email Mail Pickup in Person