

Freedom of Information Act (FOIL) Application for Access to Public Records

This form must be delivered, mailed, faxed or e-mailed to the Town Clerk's Office.

Section 1 - To Be Completed By the Applicant

Name of Applicant		Name of Business Firm	
Name of Client Represented		Telephone Number	
Street Address	City	State	Zip Code
E-mail		Fax Number	
Signature			Date

Description of records sought for inspection: Please describe the record(s) sought as specifically as possible. In the case of property records, including an Albany County Tax Map Number will enable the Town to accelerate its records search. Please remember that under the Freedom of Information Law the Town of Coeymans is required to supply **records** (e.g., public documents, maps, photographs) not **information** (e.g., answers to questions).

I desire to view the document(s) requested during normal business hours.

I am requesting copies of the records, and hereby agree to pay the lawful reproduction costs plus applicable postage.
 Twenty-five cents (\$.25) per page for photocopies, ten dollars (\$10.00) per CD/DVD and twelve (\$12.00) per VHS for copies. Request for specialized documents (blueprints, maps, etc.) will be charged at the Town's cost to reproduce. In cases requiring specialized computer services to produce records, applicant can also be assessed at the hourly rate of the lowest paid employee capable of reproducing the records.

Section 2 - To Be Completed by the Freedom of Information Officer (or Deputy Officer)

A dated copy of this form will be mailed, faxed or e-mailed to you in acknowledgement of your request, as required by the Public Officer's law that a municipality respond to this original request within five (5) business days. Receipt is acknowledged and you will receive a response as quickly as possible. Please allow twenty (20) business days for processing before re-contacting this office. Note that there is no specific limitation as to the time necessary to determine whether the records requested exist and to produce those records. If more than twenty (20) business days are required you will be notified.	Received Stamp
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FOIL Officer	Title
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Section 3 - Official Use Only

EACH DEPARTMENT SELECTED BELOW IS REQUIRED TO RESPOND TO THE TOWN CLERK REGARDING THIS FOIL WITHIN 5 BUSINESS DAYS

<input type="checkbox"/> Assessor	<input type="checkbox"/> Business Office	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Town Board
<input type="checkbox"/> Beautification	<input type="checkbox"/> Court	<input type="checkbox"/> Police	<input type="checkbox"/> Town Clerk
<input type="checkbox"/> Building	<input type="checkbox"/> Highway	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Other _____

5 Day Response Date	FOIL Completion Date
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