

FREEDOM OF INFORMATION LAW REQUEST

(FOIL)

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

SIGNATURE: _____

Under the Freedom of Information Law, I hereby request:

1. Describe type of record: (be specific) _____

2. Date (or approximation) record was created: _____

3. Who made the record (if you know): _____

4. Do you agree to pay the copy charges allowed by law? ____ or would you prefer a quote on charges first? ____

Note: if the request requires the creation of a copy on a computer medium such as a disk the cost will include the time necessary to create the copy plus the cost of the disk so it is recommended you get a quote.

If request is for a list of names and addresses:

I hereby certify that I will not use the above information for commercial or fundraising purposes.

Signature: _____

Please mail to:

Cayuga County
Attn: Sheila Smith
160 Genesee St. 6th Floor
Auburn, NY 13021

Or e-mail to: ssmith@cayugacounty.us