APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: **Eric S. Denk, Records Access Officer**
Edwin L. Crawford County Office Building, Government Plaza
P.O. Box 1766, Binghamton, NY 13902
Telephone: (607) 778-2287 FAX: (607) 778-8869
Email: FOIL@co.broome.ny.us Website: http://www.gobroomecounty.com/FOIL.php

I HEREBY REQUEST TO INSPECT RECORDS AT BROOME COUNTY'S DEPARTMENT / OFFICE OF_____:

I would like to (*Please check a box*): ☐ Review documents by appointment. (Not available for Sheriff's records)

☐ Have copies made at 25¢ per (regular-sized) page or at the set fee structure for other formats, and agree to pay for these copies.
(Other Set Fees: $2.00 for CD's or Diskettes, $2.00 for Polaroid photographs, $.28 for digital full color picture printed on 8 ½" x 11" paper, $.50 for pictures printed on photographic paper. There is no charge if a request is under 4 pages or if it can be provided by email.)

☐ I would like an estimate of the number of pages involved in the above request prior to any copies being made.

Please describe the record you are requesting. Be specific – especially with dates and time periods:

_____

_____

_____

Name (*Please Print*): _____ Daytime Phone: _____

Mailing Address _____

Email (*Optional*)_____

Signature_____ Date: _____

Please circle your preferred method of contact: **Phone** **Mailing Address** **Email**

If we have reproduced records that you have not paid for, this new request will not be processed until the prior request is settled.

FOR AGENCY USE ONLY

____Approved _____Number of Copies Responsive to the Request

Denied for Reason(s) checked below:

____Confidential Disclosure
____Part of Investigatory Files
____Unwarranted Invasion of Personal Privacy
____Record is not Maintained by this Agency
____Record of Which this Agency is Legal Custodian Cannot be Found
____Exempted by Statute Other than the FOI Law
____Other (Specify

_____
Signature Title Date

APPEALS PROCESS

NOTICE TO APPLICANT: You have the right to appeal a denial of this request by application to the Records Access Officer. A decision will be made by the Appeals Officer, the Broome County Attorney's Office, 6th Floor Edwin L. Crawford County Office Building, in writing with a full explanation within 10 business days from receiving the appeal.

I, _____, hereby appeal my Denied FOIL Request dated: _____

SIGNATURE:_____ Date: _____

ADDRESS: _____