



Town Of Amenia

4988 Route 22, Amenia, NY 12501
voice: 845-373-8118 x100/101 fax: 845-373-8140
townclerk@ameniany.gov

Application for Access to Records (FOIL)

Date Applied: _____

Foil Number: _____

Under the provision of the New York Freedom of Information Law, Article 6 of the Public Officers Law (FOIL),

I request information from the following Department: Assessor Building Planning Supervisor
 Town Clerk Other _____

Tax Grid # (if applicable): _____

Description of Requested Record: _____

Applicant: _____

Address: _____

Street or P.O. Box

City/Town State Zip

Phone: _____

Email Address: _____

Fax Number: _____

Signature: _____

Please check one of the following:

I request to review these documents in person.

I request printed reproduction for pick up at the cost of 25¢ per letter or legal size page and 35¢ for 11"x17" page.

I request documents to be mailed to the address on this form or faxed to the fax number on this form (with corresponding fee if necessary).

I request documents (letter size only) to be emailed to the email address provided.

Response to the Applicant

Approved You may review and/or copy this (these) record(s) as follows:

Date: _____ Time: _____ Location: _____

Photocopies will be provided for the following amount(s)

Number of photocopies (25¢ or 35¢ per copy) No. of Copies: _____

Postal Service or Fax fee: _____

Total Due

Fee: \$ _____

Fee: \$ _____

\$ _____

Denied for the reason(s) checked below:

Exempted by Statute Other than Freedom of Information

Trade secret: Confident Commercial Information

Would Danger the Life or Safety of Any Person

Record of Agency as Legal Custodian Cannot be Found

Would Impair Contract Awards or Collective Bargaining Agreements

Other _____

Current Examination Questions or Answers

Interagency or Intra-Agency Materials

Unwarranted Invasion of Person Injury

Record is Not Maintained by this Agency

Any person denied access to records may appeal the denial with the Town Board of the Town of Amenia within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Amenia, 4988 Rt. 22, Amenia, NY 12501.

Date Completed: _____

Total Fee: \$ _____

Staff Initials: _____