



**ERIE COUNTY, NY**  
**Freedom of Information Law**  
**Application For Access to Public Records**

**Instructions:** Complete all areas of this form and return to the "FOIL" Records Access Officer for the Erie County Department that maintains the records you seek.

*\*\*\*To request information maintained by an independent office within Erie County Government (i.e., Board of Elections, Clerk, Comptroller, District Attorney, Legislature, and Sheriff) you must contact that office directly on how to submit a FOIL request.\*\*\**

After receiving your request, Erie County is permitted five (5) business days to respond to your request. In accordance to §§87 (b) (iii) and 87(c) (i-iii), a charge of \$0.25 per page copied as well as other charges associated with the cost of reproducing a record may be applicable.

TO: FOIL Records Officer DATE: \_\_\_\_\_  
 Erie County Department of \_\_\_\_\_

I hereby apply to [ ] inspect or obtain [ ] a hard copy [ ] an electronic copy of the following records under the provisions of the Freedom of Information Law (please include as much detail about the records as you can, including relevant dates, names, descriptions, ect): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

.....  
**FOR AGENCY USE ONLY**

[ ] **Approved** Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Denied (for the following reasons)**

- [ ] Confidential disclosure
- [ ] Part of investigatory files
- [ ] Unwarranted invasion of personal privacy
- [ ] Record of which this agency is legal custodian cannot be found
- [ ] Record is not maintained by this agency
- [ ] Excepted by statute other than the Freedom of Information Law
- [ ] Other/Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_