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Freedom Of Information Law (FOIL) Request

REQUESTOR INFORMATION

Full Name: _____ Date of Request: _____

Address: _____

Email: _____ Agency/Organization _____
(leave blank if none)

Phone: _____

INFORMATION REQUESTED: Under the New York Freedom Of Information Law, I am requesting the following *(please be as specific as possible, including dates, titles, record type, file designations, etc. For Police-related records, have specific and clear dates & time. Failure to do so may result in denial):*

I am requesting *(circle all that apply)*: **hard copies** **digital copies** **review documents in person**

The Freedom of Information Law requires that an agency acknowledge a request within five (5) business days of receipt. The agency then has up to twenty (20) business days to respond and may include a full or partial production of the documents, a full or partial denial (you will be advised specifically what was denied and the reason for the denial), or a request for additional time (with a reason).

If approved, hard copies of records will be made available upon receipt of payment. There is a \$.25 fee per photocopied page. Additional fees may apply for photos and large maps. Checks are to be made out to the "Village of Hoosick Falls" with "FOIL" in the memo. You have a right to appeal any denial; such appeal should be sent to "FOIL Appeals Officer, Village of Hoosick Falls, 24 Main Street, Hoosick Falls, NY 12090" and should include a copy of the original FOIL request. For more information, see NYS Public Officers Law, Article 6, §84-90, or visit <http://opengovernment.ny.gov> for the text of the law.

SIGNATURE OF REQUESTOR

DATE

OFFICE USE ONLY

Date Received

Initials