

CITY OF NORTH TONAWANDA
REQUEST FOR PUBLIC RECORDS UNDER THE FREEDOM OF INFORMATION LAW
CITY CLERK, 216 PAYNE AVENUE, NORTH TONAWANDA, NY 14120

Under the provisions of the NYS Freedom of Information Law (FOIL), Article 6 of the Public Officers Law, I hereby request the records or portions thereof that I have reasonably described in Part "B" of this form.

TO: DEPARTMENT: _____ DATE: _____
RECORDS ACCESS OFFICER

PART A - APPLICANT INFORMATION:

NAME: _____ COMPANY NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ BUSINESS PHONE: _____ FAX: _____
EMAIL ADDRESS: _____

PART B – INFORMATION REQUESTED:

Please reasonably describe the records that you are requesting in the space provided below. Please include as much detail as possible such as the respective department having possession of the records, dates, titles, or any other information that may assist us in locating the record(s) you are seeking. Please be mindful that the record that you are requesting may not exist or that the City is not required to prepare documents to comply with any FOIL request.

PART C – METHODS OF REVIEW:

____ I would like the requested documents mailed to me. I understand that I will be billed for copying charges and will not receive the documents until I have remitted payment to the address listed. I understand that I will be charged a fee in accordance with the schedule listed below in the section entitled "Fees."

____ I would like the requested information provided via an electronic format. I understand that I may be charged a fee in accordance with the schedule listed below in the section entitled "Fees."

PART D – FEES:

Should you desire copies of records, fees shall apply in accordance with Public Officers Law Section 87 and the City of North Tonawanda City Code. Advance payment is required before records will be released. Please make check of money orders payable to the City of North Tonawanda.

Fees for Photocopies: Pages up to 9" x 14" are \$.25 per page or the actual cost of reproducing any other record.

The fee for reproducing a record may include the actual cost of the storage device or media; actual cost for engaging outside professional service to reproduce record; hourly salary for employee time used in reproducing the record.

PART E – SUBMISSION OF REQUEST:

After you have reasonably described the records you wish to inspect or obtain, please sign this form and return it to the appropriate City Department. Request may be sent via electronic mail, postal mail, or in person. Please note that you do not have to complete this form in order to request records, however, it will facilitate access to the records.

I hereby affirm that the information I have provided on this Request Form is correct.

Signature: _____ Print Name: _____ Date: _____

PART F – SOLICITATION OR FUNDRAISING PURPOSES CERTIFICATION & AFFIRMATION:

This section must only be completed if you are requesting a list of names and addresses. In accordance with Public Officers Law 87(2)(b), 89(2)(b)(iii) and 89(3)(a), the City of North Tonawanda requires a certification from any applicant seeking disclosure of a list of names and addresses that such person will not use such lists of names and addresses for solicitation or fund-raising purposes and will not sell, give or otherwise make available such lists of names and addresses to any other person for the purpose of allowing that person to use such lists of names and addresses for solicitation or fund-raising purposes. By signing below, you certify that such list(s) will not be used for solicitation or fund-raising purposes.

Signature: _____ Print Name: _____ Date: _____

PART G – DISPOSITION OF REQUEST – FOR AGENCY USE ONLY

_____ **REQUEST RECEIVED** - The Department of _____ is reviewing your request. The Department will notify you as to whether your request will be granted or denied on or about the following date: _____.

_____ **APPROVED** – The approximate date the records will be available: _____. To arrange for access to the records, contact: _____

_____ **DENIED – For the reason(s) checked below:**

- _____ Records are specifically exempted from disclosure by state or federal statute;
- _____ Disclosure would constitute an unwarranted invasion of personal privacy;
- _____ Disclosure would impair present or imminent contract awards of collective bargaining negotiations;
- _____ Records are exempt from disclosure under the Law Enforcement Exemption;
- _____ Disclosure would endanger the life or safety of any person;
- _____ Records are exempt from disclosure under the Inter/Intra – Agency Materials Exemption;
- _____ Other: _____

_____ **MATERIALS REDACTED** - _____

_____ **UNAVAILABLE – For the reason(s) indicated:**

- _____ Records requested were not described in sufficient detail;
- _____ The records you have requested are not maintained by the Department;
- _____ Records could not be located after a diligent search;
- _____ Other: _____

SIGNED: _____ **TITLE:** _____ **DATE:** _____

PART H – APPEALS

Any person denied access to a record or portion thereof may within thirty (30) days appeal in writing to the City Attorney's Office, City Hall, 216 Payne Avenue, North Tonawanda, NY 14120. Please attach a copy of this completed form and the denial letter when filing your appeal. The appeals officers will evaluate the appeal and respond to you within ten (10) days.