Village of Boonville

13149 NY 12, Boonville, NY 13309

(315)-338-2880 Ext. 4 - wlee@villageofboonvilleny.com

Freedom of Information on Law (FOIL) Request Form

This form is to be used by all persons making a request for information on and/or records from the Village of Boonville pursuant to the New York State Freedom of Information on Law.

NAME:_____

PHONE: _____

ADDRESS: _____

DEPARTMENT INFORMATION IS BEING REQUESTED FROM:

_____

PLEASE INDICATE BELOW THE RECORD (S) YOU ARE REQUESTING INCLUDING RELEVANT DATES, NAMES, FILE TYPE, ETC._____

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1. **PLEASE BE AWARE THAT THE FREEDOM OF INFORMATION LAW OF NEW YORK STATE ALLOWS A MUNICIPALITY TO TAKE UP TO FIVE (5) BUSINESS DAYS TO ACKNOWLEDGE YOUR REQUEST. THE PRODUCTION OF CERTAIN RECORDS MAY REQUIRE ADDITIONAL TIME. ALL REQUESTS MAY BE PICKED UP AT THIS OFFICE. TO INQUIRE ABOUT A REQUEST, YOU MAY CONTACT THIS OFFICE AT 315-338-2880 Ext. 4.**
2. **THE STATUTORY FEE WHICH THE VILLAGE WILL CHARGE IS $.25 PER 8 ½" BY 11" PHOTOCOPIED PAGE AND/OR THE ACTUAL COST OF REPRODUCTION OF CERTAIN OTHER MATERIALS AND RECORDS.**
3. **SHOULD YOU NEED TO MAKE A REQUEST, YOU CAN DO SO IN WRITING AND MAIL IT TO THE Village of Boonville ATTN: Records Access Officer, 13149 NY 12, Boonville, NY 13309**

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS.

_____

SIGNATURE

****DEPARTMENT USE ONLY****

_____ APPROVED **____ DENIED**

BY:_____

_____ PAGES ATTACHED

IF REQUEST IS DENIED, ATTACH OR NOTE REASON FOR DENIAL OF ABOVE