

#E-07

APPLICATION FOR PUBLIC ACCESS TO RECORDS  
PAGE ONE

Clearly print or type all appropriate information below.

Name of Department \_\_\_\_\_

I hereby apply to inspect the following record. (Please describe the record sought. If possible, supply a date, a file title and number, and any other information that will help locate the record desired.):

Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

Printed Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**By submitting this form, I hereby agree to pay fees associated with the following request.**

**Fees**

As set forth in Public Officers Law Section 87(1)(b)(iii) and (c) and 16 NYCRR 6-1.2, except when a different fee is otherwise prescribed by statute:

(a) the fee for copies of records from originals 8 1/2" x 11" and 8 1/2" x 15" shall be 25 cents per photocopy and

(b) the fee for preparing and reproducing any other record shall be the actual cost, which shall include only:

- (1) an amount equal to the hourly salary attributed to the lowest paid department employee who has the necessary skill required to prepare a copy of the requested record;
- (2) the actual cost of the storage devices or media provided to the person making the request in complying with such request; and
- (3) the actual cost to the agency of engaging an outside professional service to prepare a copy of a record, but only when the agency's information technology equipment is inadequate to prepare a copy, if such service is used to prepare the copy.

(c) Preparing and reproducing a copy shall not include search time or administrative costs, and no fee shall be charged unless at least two hours of County employee time is needed to prepare a copy of the record requested.

An additional written statement, from the requester/authorized representative, expressing consent to pay all applicable fees is required for requests expected to cost \$100 or more.

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**This page is to be completed by the Department's Records Access Officer**

Date received: \_\_\_\_\_

**If approved:**

Number of pages requested: \_\_\_\_\_

Media costs or other actual costs: \_\_\_\_\_

Billing Date: \_\_\_\_\_

Bill Number: \_\_\_\_\_

Bill Amount: \_\_\_\_\_

Receipt of your request is acknowledged with this form. This form serves as your bill. Kindly send a check or money order for \$\_\_\_\_\_ for this FOIL request to

\_\_\_\_\_.

The Records Access Officer must check A, B or C below:

A. Once the funds have been received, this FOIL request will be filled.

B. There will be a delay in supplying the requested record until: \_\_\_\_\_  
For the following reason: \_\_\_\_\_

C. **If denied, check one or more of the reasons below:**

Confidential Disclosure

Part of Investigatory Files

Unwarranted Invasion of Privacy

Record of which this Department is Legal Custodian, Cannot be Found

Record is not Maintained by the Department

Exempted by Statute Other than Freedom of Information Act

Other (specify): \_\_\_\_\_

Signature of Record's Access Officer \_\_\_\_\_ Date \_\_\_\_\_

**Notice to Applicant**

You have the right to appeal a denial of this application to the FOIL Appeals Hearing Officer in writing within 30 days of the denial. The FOIL Appeals Hearing Officer must respond to you in writing within ten business days of receipt of your appeal.

FOIL Appeals Officer  
Ulster County Executive's Office  
244 Fair Street, PO Box 1800  
Kingston, New York 12402  
Tel.: (845) 340-3800