

Town of Scio, NY

FOIL Request

To: Town Clerk
PO Box 105
Scio, NY 14880

Email: scioclerk@gmail.com

Phone: 585-593-5777

FAX: 585-296-3050

Name (Required)

First: _____

Last: _____

Address (Required)

Street Address: _____

Address Line 2: _____

City: _____

State: _____

ZIP Code: _____

Preferred Method of Contact

Email ☐ Phone ☐

Email Address: _____

Phone Number: _____

Under New York Freedom of Information Law, I hereby apply to inspect the following records described and listed below. Please be as specific as possible.

FEES: The fees for copies of records shall not exceed twenty-five cents per photocopy up to nine inches by fourteen inches, or the actual cost of reproducing any other record in accordance with current legal provisions, except when a different fee is otherwise prescribed by statute. **By signing this application, you agree to pay the cost of such records and understand that the records will not be provided until payment is made in full.**

DENIAL: Please be advised that all or part of your request may be denied for the reasons set forth in Public Officers Law Article 6, §87 (2). Additionally, FOIL only requires that the government entity produce a record that currently exists.

Signature of Applicant: _____

Printed Name of Applicant: _____

Date: _____

Records are available during regular business hours. Please note the town clerk works part time. Hours are listed on the town's web page: <https://www.townofsciony.org/> . Please call to schedule an appointment: 585-593-5777. According to New York State Law, this agency has five (5) working days to respond to this records request. If your request is denied in whole or in part, you may appeal to the Town Supervisor in writing by sending your request to: Town Supervisor of the Town of Scio. You have seven business days from the receipt of the denial to appeal. Any appeal received after seven business days will not be considered and the initial determination will be deemed final.

FOR OFFICE USE ONLY

Date Received: _____

Denial Reason(s): _____

Approved: ☐

Denied: ☐

Number of Pages Copied: _____

Total Fee (\$.25 cents per page): \$ _____