Application for Access to Records
Freedom of Information Law (FOIL)

I do hereby request the following record(s):

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Please be as specific as possible. If requesting information on an individual, such as criminal records, please provide the persons date of birth. Copies are subject to a fee of $0.25 per page.

Name: (please print) Email Address:

Mailing Address: Date:

City, State, Zip Code: Representing: (if applicable)

__________________________________________________________

Signature:

Email requests to communications@chemungcountyny.gov or mail to 203 Lake Street P.O. Box 588 Elmira, NY 14902

FOR DEPARTMENTAL USE ONLY

☐ Denial of Access:

I hereby certify that access has been denied to the applicant for the reason(s) checked below:
☐ Exempt by other statute                 ☐ Confidential disclosure
☐ Part of investigatory files             ☐ Unwarranted invasion of personal privacy
☐ Not specifically named as available under any statute
☐ Other

You have the right to appeal denial of this application by writing, within thirty (30) days, to the Chemung County Attorney • P.O. Box 588 • Elmira, New York 14902.

☐ Search Certification:

I certify that a proper search has been conducted for the records requested and they cannot be found.

☐ Correctness Certification:

I certify that the copies attached are correct copies of the records requested by the applicant.

__________________________________________________________
Name: Signature: Title: Date:

Cost of Copies: Number of Pages: _______ Total Cost: _______ Paid by: ___________________________________________