

COUNTY OF ROCKLAND
STATE OF NEW YORK

FREEDOM OF INFORMATION ("FOIL") APPLICATION

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER

Name of Agency/Department

Address

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORDS(S):

Signature

Date

Representing

Telephone No.

Mailing Address

FOR AGENCY USE ONLY

- Approved
- Record of Which This Agency is Legal Custodian Cannot be Found
- Record is not maintained by this Agency

Additional Time Required:
Number of Days _____ Reason _____

Denied: (for reason(s) checked below)

- Unwarranted Invasion of Personal Privacy
- Exempted by Statute other than the Freedom of Information Act
- Confidential Disclosure of information or procedures in criminal investigation
- Other (Specify) _____

Signature	Records Access Officer Department of _____	Date
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NOTICE

You have the right to appeal a denial, in whole or in part, of this application to the Records Access Appeals Officer, Office of the County Executive, County of Rockland, 11 New Hempstead Road, New City, New York 10956

I hereby appeal:

Signature	Date
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A copy of the County's "FOIL" Procedures is available upon request.

