

CITY OF PORT JERVIS  
FREEDOM OF INFORMATION LAW (FOIL) REQUEST FORM

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Department information is being requested: \_\_\_\_\_

Please indicate below the record(s) you are requesting including relevant dates, names, addresses, case numbers, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 (845) 858-4014.

The statutory fee which the City will charge for the production of records is \$0.25 per 8½" x 11" photocopied page and/or the actual cost of reproduction of certain other materials and records.

The Freedom of Information office for the City of Port Jervis is the City Clerk. The Freedom of Information Law Appeals Officer for the City of Port Jervis is the Corporation Counsel. Should you need to make a request or appeal, you may do so in writing and mail it to the City of Port Jervis, Attention: City Clerk's office, PO Box 1002, Port Jervis, NY 12771.

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

\_\_\_\_\_  
Signature

**COMPLETE ONLY IF REQUESTING A LIST OF NAMES AND ADDRESSES.**

By signing below, I certify that such list(s) will not be used for solicitation or fundraising purposes. Sections 87(2)(b) and 89(2)(b)(iii) of the NY Public Officers Law permit the City of Port Jervis to seek a certification from an applicant seeking disclosure of a list of names and addresses, that such list will not be used for solicitation or fundraising purposes.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY CLERK'S OFFICE USE ONLY**

Date Received: _____
By: _____
Date to be completed by department: _____
<b>**Turn, all FOIL requests into the City Clerk Treasurer's Office.</b>

**DEPARTMENT USE ONLY**

____ Approved	____ Denied
By: _____	
____ Pages attached	
<b>** If a request is denied please note the reason</b>	