



# VILLAGE OF SPRINGVILLE FREEDOM OF INFORMATION REQUEST

Under the provisions of Article 6, Sections 84 -90, of the New York State Public Officers Law entitled, the FREEDOM OF INFORMATION LAW (FOIL), I hereby request the records or portions thereof that I have reasonably described in Part "B" of this form.

## PART A - APPLICANT INFORMATION

1. Name of Applicant: \_\_\_\_\_
2. Company Name: \_\_\_\_\_
3. Type of Business:
  - Government Entity
  - Law Firm
  - Media
  - Other \_\_\_\_\_
4. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
6. E-Mail: \_\_\_\_\_

## PART B – INFORMATION REQUESTED

Describe the records that you are requesting in the space provided below. Please include as much detail as possible such as the respective department having possession of the records, dates, titles, or any other information that may assist us in locating the record(s) you are seeking.

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**PART C – METHODS OF REVIEW**

- I would like to schedule a time to review the records that I am requesting. I understand that access to the requested records will be provided in accordance with Section 87 of New York State Public Officers Law. I understand that copies may not be immediately available.
- I would like the requested documents mailed to me. I understand that access to the requested records will be provided in accordance with Public Officers Law §87. I understand that any fees associated with my obtaining copies of the requested records must be received by the Village before the records are disclosed.
- I would like the requested records sent to the following e-mail address: \_\_\_\_\_

**PART D – FEES**

Should you desire copies of records, fees shall apply in accordance with Section 87(1) of the Public Officers Law. Advanced payment is required before records will be released. Please make check or money orders payable to the **Village of Springville**.

**FEES FOR PHOTOCOPIES:** *Pages up to 9" x 14" are \$.25 ea. or the actual cost of reproducing any other record.*

The fee for reproducing a record may include the actual cost of the storage device or media; actual cost for engaging outside professional service to reproduce record; hourly salary for employee time used in reproducing the record.

**PART E – SUBMISSION OF REQUEST**

After you have reasonably described the records you wish to inspect or obtain, please sign this form and return it to the Village Administrator/Clerk. Requests may be sent via electronic mail, regular US mail, or hand delivery.

I hereby affirm that the information I have provided on this request form is correct. My legal signature is below.

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

**PART F – VILLAGE USE ONLY**

Approved: \_\_\_\_\_  
Denied: \_\_\_\_\_ Reason \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

**Request need to be mailed or emailed to the Village Administrator/Clerk Liz Melock at the address below or via email to [lmelock@villageofspringvilleny.com](mailto:lmelock@villageofspringvilleny.com). See Village web site for general village information at [www.villageofspringvilleny.com](http://www.villageofspringvilleny.com)**

**Village of Springville 5 W. Main St PO Box 17 Springville NY 14141 716-592-4936 X1467**