



FREEDOM OF INFORMATION REQUEST FORM (FOIL)

Please print all information legibly

_____	THIS AREA BELOW FOR OFFICIAL USE
Date of request	_____
Request made by (Name)	Received By on (Date & Time)
Address	Department
City, State, Zip Code	Tracking
E-mail, (if applicable)	_____
Phone number with area code	_____

Request applying to the purchase/inspection/ of the following (please be specific)

(use other side if needed and indicate continued on reverse side)

If there is a cost associated with the request, would you like a quote first? Yes No
Only if over \$ _____

Please provide this in electronic format if available. Yes No

_____	_____
Signature of person making the request	Representing

Approved Denied Reason:

If this request is denied or any portion of your request is denied you may obtain a complete explanation within ten (10) business days by making a written request. You will have thirty (30) days to appeal any denial.

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