FREEDOM OF INFORMATION REQUEST FORM (FOIL)
Please print all information legibly

Date of request

Request made by (Name)

Address

City, State, Zip Code

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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