



Incorporated 1914

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## FOIL Request Form

DATE REQUESTED: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

RECORD REQUESTED (be very specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Upon receipt and review of the application, a notice of decision is sent within five business days as to the disclosure and availability of the requested document(s). A copy of this form and the rules and regulations are available upon request.

\*\*Copies are subject to a \$.25 per document duplicating fee.