

FREEDOM OF INFORMATION LAW (F.O.I.L.) REQUEST FORM
APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER, CITY OF ONEIDA

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD:

Signature _____ Print Name: _____

Relationship: _____ Date: _____

Address: _____ Phone: _____

FOR AGENCY USE ONLY

APPROVED: _____ DATE: _____

DENIED FOR REASON(S) CHECKED BELOW

- Confidential disclosure
- Unwarranted invasion of personal privacy
- Record of which this Agency is legal custodian cannot be found
- Record is not maintained by the Agency
- Exempted by Statute other than the Freedom of Information Act
- Part of investigatory files
- Other (specify) _____

Signature _____ Title

NOTICE: You have a right to appeal a denial of this application to the head of this Agency.

Name _____ Address _____