

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Freedom of Information Law (FOIL) Request
Pursuant to N.Y. Public Officers Law, Article 6

TO: Records Access Officer
Eden Central School District
8289 N. Main St.
Eden, NY 14057

Applicant Name: _____

Representing (if applicable): _____

Mailing Address: _____

Email Address: _____ **Phone:** _____

RECORDS REQUESTED

Request Type: ☐ Inspection of Records ☐ Copies of Records (Electronic or Paper)

Description of Record(s) Sought: *(Please describe the records as specifically as possible, including relevant dates, subject matter, or document titles)*

Signature of Applicant: _____ **Date:** _____

FOR AGENCY USE ONLY

☐ **APPROVED**

- Inspection scheduled for: _____
- Records provided / copied. Fee charged (if applicable): \$_____

☐ **ACKNOWLEDGED** (Processing required; estimated response date): _____

[] **DENIED** (Reason(s) checked below pursuant to NYS Public Officers Law § 87(2)):

- [] Record is not maintained by this agency / Legal custodian cannot be found
- [] Unwarranted invasion of personal privacy (§ 87(2)(b))
- [] Exempted by state or federal statute other than FOIL (§ 87(2)(a))
- [] Inter-agency or intra-agency materials (non-final/predecisional) (§ 87(2)(g))
- [] Trade secrets / Commercial confidential information (§ 87(2)(d))
- [] Law enforcement / Judicial proceeding interference (§ 87(2)(e))
- [] Endangerment to life, safety, or public security (§ 87(2)(f/i))
- [] Other (Specify exact statutory exemption): _____

Records Access Officer Signature: _____ **Date:** _____

NOTICE OF APPEAL

If your request has been denied, you have the right to appeal this decision within **thirty (30) calendar days** of receipt of the denial to:

Superintendent of Schools / Appeals Officer
Eden Central School District
8289 N. Main St.
Eden, NY 14057

The Appeals Officer must fully explain the reasons for the appeal determination in writing within **ten (10) business days** of receiving the appeal.

I hereby appeal the denial of this application:

Signature of Appellant: _____ **Date:** _____