

**FOIL REQUEST FORM: to the City of Niagara Falls, NY** (ver 02.08.23)

**FOIL #:**

PLEASE TYPE OR PRINT LEGIBLY:      DATE: \_\_\_\_\_

DEPARTMENT TO RECEIVE REQUEST \_\_\_\_\_

DEPARTMENT ADDRESS \_\_\_\_\_

I HEREBY APPLY FOR COPIES OF / TO INSPECT (CIRCLE ONE) THE FOLLOWING RECORD(S):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\*PROVIDE IN ELECTRONIC FORMAT IF AVAILABLE?    YES      NO      (CIRCLE ONE)

\_\_\_\_\_  
SIGNATURE / PRINT

\_\_\_\_\_  
REPRESENTING (self or company/organization)

\_\_\_\_\_  
MAILING ADDRESS / EMAIL ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\*\*\* NO CHARGE FOR EMAILED RECORDS \*\*\* 8.5" X 11" PAPER COPIES ARE 25 CENTS / PAGE \*\*\*

**FOR AGENCY USE ONLY**

\_\_\_ APPROVED WITHOUT REDACTION.

\_\_\_ APPROVED WITH REDACTION FOR REASON(S) CHECKED:

\_\_\_ DENIED FOR REASON(S) CHECKED:

RECORDS NOT LOCATED BECAUSE:

\_\_\_ THIS DEPARTMENT IS NOT THE CUSTODIAN, or  
\_\_\_ RECORDS OF WHICH THIS DEPARTMENT IS A  
\_\_\_ CUSTODIAN COULD NOT BE FOUND AFTER  
\_\_\_ DILIGENT SEARCH.

RECORDS REDACTED OR WITHHELD BECAUSE:

\_\_\_ EXEMPTED BY STATUTE OTHER THAN FOIL  
\_\_\_ [POL §87(2)(a)]  
\_\_\_ TO PREVENT ENDANGERING SAFETY OF ANY  
\_\_\_ PERSON [POL §87(2)(f)]  
\_\_\_ UNWARRANTED INVASION OF PRIVACY [POL

§87(2)(b) and §89(2)]

\_\_\_ LAW ENFORCEMENT EXCEPTION

\_\_\_ [POL §87(2)(e)]

\_\_\_ TO PREVENT IMPAIRMENT OF IMMINENT  
\_\_\_ CONTRACT AWARD OR CBA NEGOTIATIONS

\_\_\_ [POL §87(2)(c)]

\_\_\_ TO PREVENT DISCLOSURE OF EXEMPT INTER-  
\_\_\_ AGENCY OR INTRA-AGENCY MATERIAL

\_\_\_ [POL §87(2)(g)]

\_\_\_ OTHER (SPECIFY):

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**NOTICE: YOU HAVE A RIGHT TO APPEAL WITHIN 30 DAYS OF A DENIAL OF YOUR FOIL REQUEST. COMPLETE THE BELOW FORM AND MAIL IT TO: CORPORATION COUNSEL, CHRISTOPHER MAZUR, AT 745 MAIN ST., NIAGARA FALLS, NY 14301. [phone # (716) 286-4427] YOU MUST INCLUDE A WRITTEN EXPLANATION OF YOUR APPEAL THAT IDENTIFIES THE DATE AND LOCATION OF YOUR REQUEST FOR RECORDS, AND A DESCRIPTION, TO THE EXTENT POSSIBLE, OF THE RECORDS THAT YOU CLAIM WERE DENIED.**

\_\_\_\_\_  
APPELLANT'S FULL NAME (print)

\_\_\_\_\_  
APPELLANT'S RETURN ADDRESS

I HEREBY APPEAL: \_\_\_\_\_  
(sign)

DATE \_\_\_\_\_