CITY OF NIAGARA FALLS F.O.I.L. REQUEST (ver 2.12.21)

FOIL #:
PURPOSE TYPE OR PRINT LEGIBLY: DATE: ______________________

DEPARTMENT TO RECEIVE REQUEST DEPARTMENT ADDRESS
I HEREBY APPLY FOR COPIES OF I TO INSPECT (CIRCLE ONE) THE FOLLOWING RECORD(S):
1. ______________________________________________________________________________________________________
________ ______________________________________________________________________________________________________
2. ______________________________________________________________________________________________________
________ ______________________________________________________________________________________________________
3. ______________________________________________________________________________________________________
________ ______________________________________________________________________________________________________

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

SIGNATURE I PRINT REPRESENTING 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:

__ NO RESPONSIVE RECORD
__ RECORD NOT MAINTAINED BY AGENCY
__ RECORD OF WHICH THIS AGENCY IS LEGAL CUSTODIAN CANNOT BE FOUND
__ 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 THE RIGHT TO APPEAL A DENIAL OF YOUR FOIL REQUEST WITHIN 30 DAYS. DELIVER ALL APPEALS TO THE CITY CLERK. WITHIN 10 BUSINESS DAYS OF RECEIPT OF AN APPEAL, THE CITY’S APPEAL OFFICER MUST FULLY EXPLAIN THE REASON(S) FOR DENIAL AND RENDER A DECISION.

APPELLANT’S FULL NAME (print) BUSINESS ADDRESS

I HEREBY APPEAL: ___________________________ DATE ___________________________

(sign)