

Date Stamp Here

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

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 _____

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: _____
(sign)

DATE _____