



**CITY OF AMSTERDAM
OFFICE OF THE CITY CLERK
CITY HALL, 61 CHURCH STREET
AMSTERDAM, NY**

****FAX TO: 518-842-6802****

This is a request under the
Freedom of Information Law (FOIL).
Records Access Officer

This is an appeal request under the
Freedom of Information Law (FOIL).
Attach Copy of Denial
Appeals Officer

REQUEST FOR INFORMATION FORM
(Please clearly print or type all information below.)

Person or Firm Requesting FOIL

Name _____

Address _____
(street) (city) (state) (zip)

Contact Information _____
(phone) (fax) (email)

Detailed description of requested records: (please be as specific as possible)

PROPERTY ADDRESS: _____

CODE VIOLATIONS: **TAX INFORMATION:** **REGISTERED AGENT:**

OTHER **PLEASE SPECIFY:** _____

Owner of Property for which records are being requested:

Signature of person requesting information/title

Date

By submitting this form, I hereby agree to pay fees associated with the submitted request.

According to 16 NYCRR §6-1.2, unless otherwise prescribed by statute, photocopies of official documents (public records) will be furnished in accordance with the following pricing schedule:

- (a) The fee for duplication of records from original 8 ½" x 11" and 8 ½" x 15" shall be **25 cents per page**.
- (b) The fee for special reproductions such as photocopies of large items, copies of microfilmed records, etc., shall be based upon the average unit cost of copying a record, excluding fixed costs of the Department, such as operator salaries overhead.
- (c) The fee for duplication of records onto a CD shall be \$5 per CD.

State Finance Law

Section 18(4) of the State Finance Law authorizes charging interest on the outstanding balance of debt and a \$10 late fee (on invoices 60 days past due). Subdivision 5 of that section authorizes a collection fee that may not exceed 22 percent (on invoices 90 days past due).

Section 19 of the State Finance Law authorizes a charge for returned checks.

Response Form

Request for information directed to the following department(s) on ____/____/____:

Department Head/Employee issuing response:

Formal written response or Request for additional time to process (include description of any related documents to be provided to Clerk):

YOUR REQUEST IS HEREBY:

DENIED

DENIED IN PART

Denied or denied in part for the reason(s) below:

___ Release of information would constitute an unwarranted invasion of personal privacy

___ Records requested cannot reasonably be located based on description

___ Release of information would endanger the life or safety of a person

___ No record exists which responds to request/record cannot be found

___ Record is not retained by this agency

___ Interagency materials

___ Juvenile Data Omitted

___ Evidentiary records withheld as criminal action still pending

___ Exempt by law other than FOIL

___ Identity withheld because no criminal action pending

___ Other: _____

Transmitted to City Clerk on ____/____/____ Dept. Head /Employee Signature _____

Response/Request for additional time received on ____/____/____ by City Clerk's Office Initials: _____

I, _____, Records Management Officer or other authorized designate, that a completed and thorough search for and assembled the above described records in accordance with the originating FOIL request. I hereby certified that the above information has been transmitted to the requestor herein named on this _____ day of _____, 20____.

Records Management Officer or Authorized Designate

INTERNAL USE ONLY

(Office of City Clerk)

Number of Pages Photocopied _____

Number of CDs Ordered _____

Date filled _____

Received:

(Finance)

Bill Amount _____

Interest Amount _____

(Decision - Circle one)

Approved / Denied

**Notice of Decision
Foil Request Appeal**

I, Michael Cinquanti, Appeals Officer for the City of Amsterdam as defined in NYS Freedom of Information Act, have reviewed the appeal of the previously denied request for records and hereby render the following decision in accordance with the respective law:

■ _____

Transmitted to City Clerk on ___/___/_____ Appeals Officer Signature _____

■ Response/Request for additional time received on ___/___/_____ by City Clerk Initials: _____

I, _____, Records Management Officer or other authorized designate, have completed a thorough search for and assembled the above described records in accordance with the originating FOIL request. I have prepared an official response letter, a copy of which is attached to this document, and have transmitted such response the requestor herein named on this _____ day of _____, 20_____.

Records Management Officer or Authorized Designate

<u>INTERNAL USE ONLY</u>	
<p><i>(Office of City Clerk)</i> Number of Pages Photocopied _____ Number of CDs Ordered _____ Date filled _____ Person taking request _____ Stamp Received:</p>	<p><i>(Finance)</i> Bill Amount _____ Interest Amount _____ (Decision - Circle one) Approved / Denied</p>