



City of Johnstown

Office of the City Clerk

PO Box 160, 33-41 East Main Street
Johnstown, New York 12095
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www.cityofjohnstown.ny.gov

APPLICATION FOR ACCESS TO PUBLIC RECORDS (FOIL)

- APPLICANT INFORMATION -

Name & Address of Applicant requesting information:

_____, PH (_____) _____
_____, _____

E-Mail Address: _____

I hereby apply to inspect of the following records (please be specific): _____

_____/_____/_____
Signature Date

Please take notice: The fee for the production of records is \$.25 per 8 1/2 x 11 photocopied page. Requests will be acknowledged within five (5) business days, although the production of records may require additional time.

- OFFICE USE ONLY -

Received:

_____/_____/_____
Signature

Action taken:

Sent to _____ for review and response on ____/____/____

Access was:

Approved and information was provided on ____/____/____ via U.S. Mail Email Picked up
Fee charged: NO YES Amount: _____ Paid: ____/____/____ Receipt #: _____

_____/_____/_____
Signature

Denied* for one or more of the following reasons:

- Confidential disclosure
- Unwarranted invasion of personal privacy
- Record is not maintained by this office
- Other: _____
- Record of which this agency is legal custodian cannot be found
- Part of investigatory files
- Exempt by Statute other than Freedom of Information Law

_____/_____/_____
Signature

***NOTICE:** You have the right to appeal a denial within thirty (30) days, in writing, to the head of the department to which you applied (Department: _____ Official: _____), who must fully explain their reason(s) for denial, in writing, within ten (10) business days of receipt of an appeal.