



**City of Johnstown**  
 PO Box 160, 33-41 East Main Street  
 Johnstown, New York 12095  
 Ph: (518) 736-4011 / Fax: (518) 736-4032

- F.O.I.L. -

**APPLICATION FOR ACCESS TO PUBLIC RECORDS**

**APPLICANT INFORMATION:**

Name _____	(____) _____ Daytime Telephone No.
Street Address _____ Apt. No. _____	E-Mail Address _____
City, State & Zip Code _____	

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

\_\_\_\_\_  
 Signature Date

**Please take notice:** The fee which the City will charge for the production of records is \$.25 per 8 ½ x 11 photocopied page. All requests will be acknowledged within five (5) business days, although the production of records may require additional time.

**\*\*OFFICE USE ONLY\*\***

Date Received: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
 Signature

Action Taken:

{ } Approved: Information was [ ] Mailed \_\_\_/\_\_\_/\_\_\_ [ ] Picked up \_\_\_/\_\_\_/\_\_\_

- { } Denied\* (specify reason):
- [ ] Confidential Disclosure
  - [ ] Part of Investigatory files
  - [ ] Unwarranted Invasion of Personal Privacy
  - [ ] Record of which this agency is Legal Custodian cannot be found
  - [ ] Record is not maintained by this office
  - [ ] Exempt by Statute other than Freedom of Information Law
  - [ ] Other: \_\_\_\_\_

**\*NOTICE:** You have the right to appeal a denial of this application 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.