

TOWN CLERK

Date stamp here:



FOIL OFFICER

Date stamp here:

**Freedom of Information Law Application (F.O.I.L.)—Application for Access to Public Records**

*Instructions: Complete the Section 1 and submit to Office of the Town Clerk, 2540 Route 9, Malta, NY (fax) 518-899-4719*

PLEASE TYPE OR PRINT CLEARLY

SECTION 1 – TO BE COMPLETED BY APPLICANT			
I HEREBY APPLY TO REVIEW OR COPY THE RECORD(S) DESCRIBED BELOW:			
1. NAME OF APPLICANT:	5. MAILING ADDRESS (include suite if applicable):		
2. NAME OF BUSINESS FIRM:	6. CITY:	7. STATE:	8. ZIP CODE:
3. SIGNATURE OF APPLICANT:	9. DATE OF APPLICATION:		
4. TELEPHONE NUMBER:	10. DEPARTMENT IF KNOWN:		

DESCRIPTION OF RECORD SOUGHT TO INSPECT AND ANY SPECIAL INSTRUCTIONS. Please describe the record(s) sought in as specific detail as possible with, address, date or time frame, if applicable. If we cannot determine what record(s) you seek your application will be denied. Under the NYS FOIL the Town of Malta is only required to supply **DOCUMENTS THAT ALREADY EXIST (NYS POL Article 6)**.

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**FEE SCHEDULE**

Be advised there is a statutory fee due (\$.25 per page, not in excess of 9x14) for copies. For anything else, including digital formats, cost of reproduction will be charged. Deposits may be required for voluminous requests. Copy fees are to be paid for any pages required to be redacted prior to viewing a file. FOIL requests will not be processed for any person or company who fails to pay any outstanding FOIL fees due for a prior FOIL request. Copies will be prepared unless specifically requested otherwise.

**SECTION 2- TO BE COMPLETED BY AGENCY RECORDS ACCESS (FOIL) OFFICER**

Receipt of this request is hereby acknowledged. Please allow Twenty (20) business days for processing before contacting this office. **A copy of this form is being mailed to you indicating your request is being processed.**

201\_\_ - \_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Records Access Officer

\_\_\_\_\_

Application Number

Office of the Town Clerk, Town of Malta, 2540 Route 9, Malta, NY 12020 (518) 899-2552

**PLEASE NOTE:** The Public Officer's Law requires that a municipality acknowledge receipt of a FOIL request within five (5) business days.

Application Number

201\_\_ - \_\_

AGENCY USE ONLY

**FOR AGENCY USE ONLY BELOW  
SECTION 3- NOTICE TO APPLICANT**

**RECORDS PROVIDED:**

- The records have been fully provided.       The records have been partially provided or redacted.
- The document(s) you requested are available. The cost of reproduction is \$\_\_\_\_\_.  
Please bring your cash, check or money order payable to the "Town of Malta" and submit to Town of Malta--Town Clerk's Office, 2540 Route 9, Malta, NY 12020.
- Please call 518-899-2552 to schedule an appointment to view documents.

**RECORDS DENIED, PARTIALLY PROVIDED OR REDACTED:**

- |  |  |
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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Request needs to be more specific because cannot determine what record(s) you seek</li> <li><input type="checkbox"/> Records not possessed by the Town of Malta</li> <li><input type="checkbox"/> After diligent search, there are no known documents that are responsive to your request</li> <li><input type="checkbox"/> Municipalities are not required to respond to questions or inquiries, only to provide documents</li> <li><input type="checkbox"/> Exempted by statute other than the Freedom of Information Law</li> <li><input type="checkbox"/> Unwarranted invasion of personal privacy</li> <li><input type="checkbox"/> Would impair present or imminent contract awards or collective bargaining negotiations</li> <li><input type="checkbox"/> Law Enforcement records</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Are trade secrets or commercial enterprise documents which if disclosed would cause injury to the competitive position of the subject enterprise</li> <li><input type="checkbox"/> Complainant's name cannot be disclosed pursuant to the Public Officers Law Article 6A and Sec. 89-2(a)</li> <li><input type="checkbox"/> Would endanger the life or safety of any person</li> <li><input type="checkbox"/> Municipalities are only required to search for specific documents requested</li> <li><input type="checkbox"/> Exempt inter-agency or intra-agency materials</li> <li><input type="checkbox"/> Exempt examination questions or answers</li> <li><input type="checkbox"/> Other</li> </ul> |
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Name of Records Access Officer:

Records Access Officer's Signature:

Date:

This Freedom of Information Request will remain on file for six (6) months from the date of final determination. Thereafter it will be destroyed.

**NOTICE:** You have the right to appeal a denial of this application to the Malta Town Board, 2540 Route 9, Malta, NY 12020. You are entitled to an explanation of the reason for such denial in writing within ten (10) days of receipt of the appeal.

I hereby appeal:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date