Town of Coeymans
18 Russell Ave., Ravena, NY 12143
Phone: 518-756-6006 Ext. 3
E-mail: townclerk@coeymans.org

Freedom of Information Act (FOIL)
Application for Access to Public Records

This form must be delivered, mailed or e-mailed to the Town Clerk's Office.

Section 1 - To Be Completed By the Applicant	
Name of Applicant	Name of Business Firm
Name of Client Represented	Telephone Number

Street Address	City	State	Zip Code

E-mail	Fax Number
Signature	Date

Description of records sought for inspection: Please describe the record(s) sought as specifically as possible. In the case of property records, including an Albany County Tax Map Number will enable the Town to accelerate its records search. Please remember that under the Freedom of Information Law the Town of Coeymans is required to supply r**ecords** (e.g., public documents, maps, photographs) not **information** (e.g., answers to questions).

☐ **I desire to view the document(s) requested during normal business hours. (Best option for large files.)**

☐ **I am requesting digital copies of the records be e-mailed to me at the above e-mail address. (Not available for large files that are not already digitized.)**

☐ **I am requesting copies of the records, and herby agree to pay the lawful reproduction costs plus applicable postage.**
Twenty-five cents ($.25) per page for photocopies, ten dollars ($10.00) per CD/DVD. Request for specialized documents (blueprints, maps, etc.) will be charged at the Town's cost to reproduce. In cases requiring specialized computer services to produce records, applicant can also be assessed at the hourly rate of the lowest paid employee capable of reproducing the records.

Section 2 - To Be Completed by the Freedom of Information Officer (or Deputy Officer)	
A dated copy of this form will be mailed or e-mailed to you in acknowledgement of your request, as required by the Public Officer's law that a municipality respond to this original request within five (5) business days. Receipt is acknowledged and you will receive a response as quickly as possible. Please allow twenty (20) business days for processing before re-contacting this office. Note that there is no specific limitation as to the time necessary to determine whether the records requested exist and to produce those records. If more than twenty (20) business days are required you will be notified.	Received Stamp
FOIL Officer Title	

Section 3 - Official Use Only			
EACH DEPARTMENT SELECTED BELOW IS REQUIRED TO RESPOND TO THE TOWN CLERK REGARDING THIS FOIL WITHIN 5 BUSINESS DAYS			
☐ **Assessor**	☐ **Business Office**	☐ **Human Resources**	☐ **Town Board**
☐ **Beautification**	☐ **Court**	☐ **Police**	☐ **Town Clerk**
☐ **Building**	☐ **Highway**	☐ **Supervisor**	☐ **Other** _____
5 Day Response Date		FOIL Completion Date	