APPLICATION FOR PUBLIC ACCESS TO RECORDS
(Freedom of Information Law "FOIL" REQUEST)

Instructions: Complete all areas of this form and return to Richard Wojcik, "FOIL" Records Access Officer Erie County Department of Health - Central District Office, 462 Grider Street - Bldg. BB, Buffalo, New York 14215. You may also fax your form to 716-961-6880. After receiving your form, the Erie County Department of Health (ECDOH) is allowed (5) business days by New York State Law to respond to your request. There will be a charge of 25 cents per page which is payable upon receipt of the records. You will be contacted when the records you have requested are available for pick-up and you will be informed of the total cost at that time. For more information please call 716-961-6800.

I hereby apply to: Date of records requested: _____

[ ] Inspect   [ ] Obtain a copy of the following record:

Location of the Property: Address: _____ unit: _____

City/Town/Village: _____ State: _____ Zip: _____

Type of Records   [ ] Housing   [ ] Lead   [ ] Other _____

Printed Name: _____

Signature: _____

Mailing Address: _____

City/Town/Village: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ E-Mail: _____

FOR AGENCY USE ONLY

Approved: Yes _____   No _____

Denied for the following reason(s):

[ ]   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 Agency
[ ]   Exempted by Statue other than the Freedom of Information Act

Signature:_____ Date: _____

For Appeal of Denial see back of form

YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO:

Deputy County Executive
95 Franklin Street, Room 1623
Buffalo, NY 14202

Who must fully explain the reasons for such a denial in writing within seven (7) days of receipt of appeal.

I HEREBY APPEAL DENIAL OF "FOIL" REQUEST.

Printed name: _____

Signature: _____

Address: _____ City/Town/Village: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

****

FOR AGENCY USE ONLY Information below is to be completed by deputy County Executive.

Stated Reason for Denial: _____

"FOIL" Denial Upheld: _____ FOIL" Denial Overruled _____ Explanation for above action:

_____

Signature::_____ Date: _____