

**APPLICATION FOR PUBLIC ACCESS TO RECORDS**



TO: **Michael V. Tanzini, Records Access Officer**  
Edwin L. Crawford County Office Building, Government Plaza  
P.O. Box 1766, Binghamton, NY 13902  
Telephone: (607) 778-2287 FAX: (607) 778-8869  
Email: [FOIL@co.broome.ny.us](mailto:FOIL@co.broome.ny.us) Website: <http://www.gobroomecounty.com/FOIL.php>

**I HEREBY REQUEST TO INSPECT RECORDS AT BROOME COUNTY'S DEPARTMENT/OFFICE OF \_\_\_\_\_:**

- I would like to (Please check a box):  Review documents by appointment. (Not available for Sheriff's records)
- Have copies made at 25¢ per (regular-sized) page or at the set fee structure for other formats, and agree to pay for these copies. (Other Set Fees: \$2.00 for CD's or DVD's, \$2.00 for Polaroid photographs (if available), \$.28 for digital full color picture (if available) printed on 8 1/2" x 11" paper, \$.50 for pictures printed on photographic paper. There is no charge if a request is under 4 pages or if it can be provided by email.)
- I would like an estimate of the number of pages involved in the above request prior to any copies being made.

**Please describe the record you are requesting. Be specific – especially with dates and time periods:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email (Optional) \_\_\_\_\_

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

Please circle your preferred method of contact:      **Phone**      **Mailing Address**      **Email**

*If we have reproduced records that you have not paid for, this new request will not be processed until the prior request is settled.*

**FOR AGENCY USE ONLY**

\_\_\_\_ Approved      \_\_\_\_\_ Number of Copies Responsive to the Request

*Denied for Reason(s) checked below:*

- |   |   |
|---|---|
| <input type="checkbox"/> Confidential Disclosure                  | <input type="checkbox"/> Record of Which this Agency is Legal Custodian |
| <input type="checkbox"/> Part of Investigatory Files              | <input type="checkbox"/> Cannot be Found                                |
| <input type="checkbox"/> Unwarranted Invasion of Personal Privacy | <input type="checkbox"/> Record Does not Exist                          |
| <input type="checkbox"/> Record is not Maintained by this Agency  | <input type="checkbox"/> Exempted by Statute Other than the FOI Law     |
|   | <input type="checkbox"/> Other (Specify) _____                          |

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

**APPEALS PROCESS**

**NOTICE TO APPLICANT:** You have the right to appeal a denial of this request by application to the Records Access Officer. A decision will be made by the Appeals Officer, the Broome County Attorney's Office, 6<sup>th</sup> Floor Edwin L. Crawford County Office Building, in writing with a full explanation within 10 business days from receiving the appeal.

I, \_\_\_\_\_, hereby appeal my Denied FOIL Request dated: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_