

Village of Middleville
Office of the Clerk
3 South Main Street
Middleville, NY 13406

**APPLICATION FOR PUBLIC ACCESS TO RECORDS
“FOIL” REQUEST**

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|------------------------------------|
| Requester's Name: _____ |
| Address: _____ _____ |
| Day Phone: _____ Home Phone: _____ |

Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request records or portions thereof pertaining to: (*attempt to identify the records in which you are interested as clearly as possible*)

_____ I would like to inspect the requested record(s) at the district office.
_____ I would like copies of the requested record(s) sent to the above address. There is a \$.25 per page charge for all copies made. I authorize the business office to make up to _____ copies at \$.25 per page without my prior approval.
I understand the Freedom of Information law requires that an agency respond to a request within five business days of receipt of a request.
If for any reason any portion of the request is denied, I will be notified in writing and be provided with the name and address of the person or body to whom an appeal should be directed.

Signature: _____ Date: _____

Please return completed form to: Village of Middleville, Office of the Clerk, 3 South Main Street Middleville, NY 13406