

FOIL REQUEST FOR RECORDS BY EMAIL

[This form language is optional but may enhance your use of the Freedom of Information Law. You may choose to utilize certain portions that are most applicable to your request. You may cut and paste the entire form into a new email, read all provisions, and delete and/or modify those that do not apply.]

[It has been suggested that agencies create an email address dedicated to the receipt of requests. It is recommended that you review the website of the agency maintaining the records that you seek in order to locate its email address and its records access officer. The Town of Avon's record access officer is Town Clerk Diana Farrell. Her email address is dfarrell@avon-ny.org.

[The subject line of your request should be "FOIL Request".]

Dear Diana:

(1) Please email the following records if possible [include as much detail about the record as possible, such as relevant dates, names, descriptions, etc.]:

(2) Please advise me of the appropriate time during normal business hours for inspecting the following records prior to obtaining copies [include as much detail about the records as possible, including relevant dates, names, descriptions, etc.]:

(3) Please inform me of the cost of providing paper copies of the following records [include as much detail about the records as possible, including relevant dates, names, descriptions, etc.].

(4) If all the requested records cannot be emailed to me, please inform me by email of the portions that can be emailed and advise me of the cost for reproducing the remainder of the records requested (\$0.25 per page or actual cost of reproduction).

(5) If the requested records cannot be emailed to me due to the volume of records identified in response to my request, please advise me of the actual cost of copying all records onto a CD or floppy disk.

(6) If my request is too broad or does not reasonably describe the records, please contact me via email so that I may clarify my request, and when appropriate inform me of the manner in which records are filed, retrieved or generated.

If it is necessary to modify my request, and an email response is not preferred, please contact me at the following telephone number: _____.

If for any reason any portion of my request is denied, please inform me of the reasons for the denial in writing and provide the name, address and email address of the person or body to whom an appeal should be directed.

CERTIFICATION/DISCLAIMER

By submission of this form you certify that the information requested will not be utilized in any manner tending to constitute an unwarranted invasion of personal privacy as same is defined and delineated by the terms and provisions of Article 6 (Freedom of Information Law) of the Public Officers Law of New York State and you further agree to indemnify and hold the Town of Avon harmless from any claim arising from any such unsanctioned use of the information requested.

You Must Respond to the Above Certification/Disclaimer Before Submitting: *(required)*

I Agree I Disagree

Name:

Address [if records are to be mailed].