

APPLICATION FOR PUBLIC ACCESS TO RECORDS

(Via Mail or E-Mail)

Note to the public: This form's 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 e-mail, read all provisions and delete and/or modify those that do not apply. The subject line of your request should be "FOIL Request".

Mary Beth Bruno
Clerk of the Board
Capital Region BOCES
900 Watervliet-Shaker Road
Albany, NY 12205
(518) 862-4920

Dear Records Access Officer:

1. Please e-mail/mail 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 e-mailed/mailed to me, please inform me by e-mail/mail of the portions that can be e-mailed/mailed 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 e-mailed/mailed 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/mail 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/mail 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 e-mail address of the person or body to whom an appeal should be directed.

Name: _____

Address [if records are to be mailed]: _____

Adopted: December 15, 2008

Information on Requested Records: