



FREEDOM OF INFORMATION REQUEST – CITY OF GENEVA, NEW YORK

TO THE APPLICANT: Please identify the specific records you wish to inspect below. Include names, dates, addresses, report/file numbers, etc.; sign and return to the Geneva City Clerk, Records Access Officer, 47 Castle Street, Geneva, NY 14456 or ntillotson@geneva.ny.us.

UNDER NEW YORK STATE LAW, the City of Geneva has the right to charge actual costs and fees associated with FOIL requests, inclusive of the following:

- *\$0.25 per page for paper copies of the requested records.*
- *Employee time spent in excess of 2 hours to fulfill a request, charged at the hourly rate of the lowest paid employee capable of preparing the response.*
- *The price of any electronic storage device used to fulfill your request, including but not limited to thumb drives.*
- *Expenses incurred by engaging outside professionals to prepare responses.*
- *The aforementioned fees will be charged in advance and payment due prior to the release of documents.*

<input type="checkbox"/> Please contact me with the date I may come into the office to inspect the records. After inspection, should I desire copies of all or part of the records inspected, I will identify the records to be copied and hereby offer to promptly pay the established fees. (Cost of reproduction or \$.25 per page for standard size is applicable.)
<input type="checkbox"/> Please contact me before making copies of the records, and I will promptly pay the established fees. (Cost of reproduction or \$.25 per page for standard size is applicable.)
<input type="checkbox"/> Please send electronic copies to the email below if they are available in electronic format*

*NOTE – If the documents requested are not already in electronic format, we are not required to convert the documents to electronic.

I hereby apply to inspect the following records under the provisions of the Freedom of Information Law:
(be as specific as possible to help locate the records)

Name: _____

Business: _____

Phone Number: _____

Mailing Address: _____

Email Address: _____

Signature: _____

Date: _____

Notification: I hereby apply to review the records above. I will not use such lists of names and addresses for solicitation or fund-raising purposes and will not sell, give or otherwise make available such lists of names and addresses to any other person for the purpose of allowing that person to use such lists of names and addresses for solicitation or fund-raising purposes.