REQUEST FOR ACCESS TO PUBLIC RECORDS

PLEASE PRINT

Name: ______________________________
Address: ____________________________

Submit To: FOIL Officer
Sullivan County Government Center
100 North St/PO Box 5012
Monticello, NY 12701-5192
(845) 807-0450

Telephone #: __________________________

Does applicant apply on own behalf? ______ (Yes) ______ (No)

If NO, name and address of the person or organization on whose behalf applicant is acting.

Name: ______________________________
Address: ____________________________

___________ __________/(Zip Code)

Please list the records, determinations, minutes, rules or other documents you wish to examine or have copied. (Photocopy charge: $.25 per page, prepaid).

ITEM                  DATE FILED
1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________
6. ____________________________
7. ____________________________
8. ____________________________

Note: The Agency has five (5) business days to comply with or reject this request.

Date: ____________________________
Applicant’s Signature

Applicant’s Name (print)