

VILLAGE OF ATTICA  
9 WATER STREET  
ATTICA, NEW YORK 14011  
585-591-0898

FOIL REQUEST

Date: \_\_\_\_\_, 20

I, \_\_\_\_\_ hereby request the following records believed to be available under the Freedom of Information Law: (If further documents are required, please attach additional sheets).

| Document(s) Requested | Page #'s | Date of Transaction |
|-----------------------|----------|---------------------|
| _____                 | _____    | _____               |
| _____                 | _____    | _____               |
| _____                 | _____    | _____               |
| _____                 | _____    | _____               |

I, \_\_\_\_\_, am aware that all documents granted under FOIL must be paid for prior to removal from the Village Office at a cost of 25 cent per copy. Total cost is determined on a per sheet basis.

The Village of Attica is not required to respond immediately to this request, but will respond either verbally or in writing within five (5) business days from the receipt of a written request. Every attempt will be made, however, to satisfy this request as quickly as possible.

Applicants Mailing Address

Phone Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
  
Applicant's Signature  
\_\_\_\_\_