

Application for Access to Records (FOIL)



Submit Forms to Records Access Officer

1 Municipal Plaza
Suite One Beacon, NY 12508
Phone (845) 838-5000
Facsimile (845) 838-5012

I hereby apply for a copy of the following record(s):

Date

I request the copy to be:

Paper Copy Audio

Tape Copy

Name (please print)

Representing

Address

Phone Number

Signature

Date

Request:

APPROVED

DENIED

Denied for the following reasons:

Confidential Disclosure Part of

an investigatory file

Record is exempted by stature other than Freedom of Information Law

Other _____

Signature/Title

Date

PLEASE TAKE NOTICE

Any person whose application to inspect and/or copy records has been denied may appeal such denial to the City Administrator within 30 days of the denial. Such appeal must be in writing and must set forth the name and address of the applicant, the specific records requested, the date of the denial and the reasons given for such denial. The City Administrator shall, within 10 days after receipt of the written appeal, issue a determination pursuant to Section 55-8 of the City Code.

City of Beacon, One Municipal Plaza, Beacon, NY 12508