

FOIL APPLICATION FOR PUBLIC ACCESS TO AUTHORITY RECORDS

To: Suzanne Haggerty, FOIL Officer

Date: _____

Agency or Business Name _____

First Name (print) _____

Last Name (print) _____

Street Address _____

City _____

State _____ ZIP _____

Phone _____

Email _____

I hereby request the following records for review:

If possible, I request that the aforementioned records be provided in electronic format
_____ Yes _____ No

I am aware that a cost for paper copies may be incurred.

Signature

FOIL CERTIFICATION

Pursuant to §89(2) (b) (iii) of the Public Officers Law, Rockland County includes language stating "...withholding of records" may occur if such records will be used in the "...sale or release of lists of names and addresses if such lists would be used for solicitations or fund-raising purposes."

As such, the notarized signature of _____ below certifies that the records requested will not be used for solicitation or fund raising purposes and will not be sold, given or otherwise made available 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.

(Signature)

STATE OF _____, COUNTY OF _____

On this _____ day of _____, 20____ before me personally came to me the individual described in and who executed the foregoing CERTIFICATION and duly acknowledged to me that he executed the same.

Notary Public