



**Town of Cochection  
Sullivan County, New York**

*Office of the Town Clerk*

Maryann Oumrim

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**FOIL Request**

Application for Access to Public Records PLEASE PRINT Name of Applicant:

\_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Check one:  Examine  Scanned (\$0.25 per copy)  Photocopies (\$0.25 per copy) \$\_\_\_\_ max. amount

~~~~~ List the records that you wish to examine or have copied. Please be Very Specific when asking for information.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE**

~~~~~ Distribution

Information:  Supervisor/Accounting  Constables  Town Clerk's Office  Assessor's Office  Building Department  Animal Control  Other

\_\_\_\_\_ Date Received:

\_\_\_\_\_ Date Completed: \_\_\_\_\_  Picked-Up  Mailed  Faxed

Scanned/E-Mailed Amount Due \$ \_\_\_\_\_  Cash  Check  Credit Card  DENIED \_\_\_\_\_

Exempted by statute other than Freedom of Information \_\_\_\_\_ Unwarranted invasion of personal privacy \_\_\_\_\_

Would impair contract awards or collective bargaining agreements \_\_\_\_\_ Trade secret; confidential commercial information \_\_\_\_\_ Law enforcement records \_\_\_\_\_ Would endanger the life or safety of any person \_\_\_\_\_

Interagency or intra-agency materials \_\_\_\_\_ Record is not maintained by this agency \_\_\_\_\_ Record of which this agency is legal custodian cannot be found \_\_\_\_\_ Other \_\_\_\_\_

**APPEAL PROCEDURE:**

You may appeal this denial within 30 days to the Town of Cochection Supervisor and a copy must be sent to the NYS Committee on Open Government. Upon receipt of your appeal the Supervisor has ten days to either explain further your denial or to supply you with the records you requested.