



CORFU POLICE DEPARTMENT

116 East Main Street Corfu, New York 14036

585-599-3327

FOIL REQUEST

The Freedom of Information Law ("FOIL"), Article 6 (Sections 84-90) of the NYS Public Officers Law, provides the public right to access to records maintained by government agencies with certain exceptions.

"Record" means any information kept, held, filed, produced or reproduced by, with, or for this agency, in any physical form whatsoever including, but not limited to, reports, statements, examinations, memoranda, opinions, folders, files, books, manuals, pamphlets, forms, papers, designs, drawings, maps, photos, letters, microfilms, computer tapes or disks, rules, regulations or codes.

Mail a written request to:

Records Officer
CORFU POLICE DEPT.
116 E. MAIN ST.
CORFU, NY 14036

E-mail a written request to:

POLICEADMIN@CORFUNY.GOV

Fax a written request to:

(585) 599-3822

Submit a request for records in person:

Our main office is located on 116 E. Main St, Corfu, NY 14036. Upon entering the main entrance of the building, advise Village Clerk that you would like to request records. Clerk will contact the Police Records Access Office, and a staff member will provide assistance. Please be advised records require review prior to disclosure. As a result, documents and records will not be immediately available.

FOIL Process

Within five business days of the receipt of a written request for a record reasonably described, we will send you a letter either: making such record available; denying such request in writing; or furnishing a written acknowledgment of the receipt of such request. If you have not received a letter within five business days, please contact us at (585) 599-3327 or POLICEADMIN@CORFUNY.GOV

The date in which the request will be made available to you is determined by the number of documents you request, their format, their availability, the time it takes to redact any information that cannot be disclosed pursuant to FOIL, the time it takes to assemble the documents, and other factors.

If the records you request require a fee to be paid you will be notified prior to the records being released to you. Once payment is received we will immediately provide you with the records you requested. Unless a different fee is otherwise prescribed by statute, Public Officers Law §87(1) authorizes an agency to charge a fee of 25¢ per copy for copies of records up 9"x 14", or the *actual cost* of reproducing a record. In determining the actual cost of producing a record, an agency may include only:

- an amount equal to the hourly salary attributed to the lowest agency paid employee who has the necessary skill required to prepare the requested record(s), if at least two hours of agency employee time is needed to prepare a copy of the record(s) requested;
- the actual cost of the storage devices or media provided to the person making the request in complying with such request; and
- the actual cost to the agency of engaging an outside professional service to prepare a copy of a record, but only when an agency's information technology equipment is inadequate to prepare a copy, if such service is used to prepare the copy.

Once the requested records are prepared, you may receive the records via email, fax, paper, or USB. Records are available for inspection, by appointment, on business days between 9 a.m. and 5 p.m. at the Records Access Office. You may schedule an appointment for in-person inspection of records by calling (585)599-3327

Right to Appeal

Under provisions of the Public Officers Law you may appeal a FOIL determination. If you desire to submit such an appeal, you must do so within 30 days of the written response to your FOIL request. Please include a copy of the original request for records and a copy of the FOIL response letter you received along with your appeal letter to:

Mayor, Village of Corfu – F.O.I.L. Appeal
116 E. Main St
Corfu, NY 14036

You will be informed in writing of the decision within ten business days of our receipt of such an appeal. Please indicate the FOIL Request Number when corresponding on this subject.

FOIL REQUEST FORM

RECORDS REQUESTED FROM:	
List agency (police dept, assessor, DPW etc..)	
TITLE:	
FIRST NAME:	
MIDDLE INITIAL:	
LAST NAME:	
E-MAIL:	
CONFIRM E-MAIL:	
ORGANIZATION / AFFILIATION:	
ADDRESS LINE 1:	
ADDRESS LINE 2:	
CITY:	
STATE:	
ZIP:	
COUNTRY:	
CONTACT PHONE NUMBER:	
CONTACT FAX:	
<i>*Short title of requested records: Information provided here helps the agency easily identify and categorize your request</i>	
<i>*FOIL Request / Description of records sought: Please provide a clear description of the record(s) sought. Personal, private, sensitive, financial, medical, or health-related information should not be put into the "Description" field below, and should instead be attached in a separate document.</i>	

Requested Response Format: E-MAIL PAPER
 USB FAX PERSONAL INSPECTION

If fees apply, please contact me if costs will be greater than: \$
I understand that I will be notified if the fees exceed this amount prior to my request being filled.

- I am requesting this information for the following reason (may select more than one):
- I am an individual seeking information for personal use
- I am affiliated with an educational or non-commercial scientific institution, and this request is made for a scholarly or scientific purpose
- I am a representative of, or affiliated with, the news media and this request is made as part of a news gathering effort
- I am affiliated with a private corporation and am seeking information for use in the company's business for commercial purpose
- I am affiliated with a private corporation and am seeking information for use in the company's business for non-commercial purpose

FOIL Requestor's Signature _____

NOTARY FORM

I, _____ a Notary Public, do hereby certify that on this _____ day of _____, 20_____, personally appeared before me _____, known to me to be the person whose name is subscribed to the foregoing instrument, and swore and acknowledged to me that he executed the same for the purpose and in the capacity therein expressed, and that the statements contained therein are true and correct.

Notary Public, State of _____

Name, Typed or Printed: _____

My Commission Expires: _____