APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date of Request: ___________________________

To: Dianne Kufel, Village Clerk/Treasurer - Records Access Officer

Instructions: Clearly and specifically identify the records you are interested in. You may inspect records by appointment, and/or request copies as per the Fee Schedule attached.

I wish to ( □ Receive Copies  □ Make an appointment) to inspect the following records:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Print Name/Agency: ____________________________________________________________
Address: __________________________ (PRINT)
City/State/Zip: ________________________________________________________________
Daytime Phone: (______) __________________________ Fax: (______) __________________________
E-Mail: ________________________________________________________________

Requestors Signature: ________________________________________________________

The aforementioned Record Request was received by the Village Clerk/Treasurer and Has been □ ACCEPTED  OR  □ DENIED

You have a right to appeal a denied application within 30 days of the denial. Mail your appeal to the Record Access Officer the Village Clerk, and mail a copy to: Committee on Open Government - NY State Department
41 State Street - Albany, New York 12231
APPLICATION FOR PUBLIC ACCESS TO RECORDS

FOR MUNICIPALITY USE ONLY

Date: __________ Five day Acknowledgment letter.  ○ Mailed  ○ Faxed  ○ Emailed

Department Fulfilling Request: (Please date & initial when you received this request)

_____ Clerk’s Office    _____ Code Enforcement    _____ Police Department

_____ Treasurer    _____ Village Attorney    _____ Other ________________

REASON DENIED:

_____ Exempted by Statute other than Freedom of Information

_____ Unwanted invasion of personal privacy

_____ Would impair contract awards of collective bargaining agreements

_____ Trade secret; confidential commercial information

_____ Law enforcement records

_____ Would endanger the life or safety of another person

_____ Interagency or intra-agency materials

_____ Record of which this agency is legal custodian cannot be found

_____ Other ________________

DISSEMINATION OF INFORMATION: (  )

Copies (number): __________ Fee: __________ Invoice Date: ______________________

Date Paid: ______________ Receipt #: ______________ Delivery Method: ______________

Appt Date/Time: __________________________ with whom: __________________________

Notes: ____________________________________________

______________________________________________

______________________________________________
Village of North Syracuse

FOIL Fee Schedule
Adopted 6/9/16

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police Investigation Report</td>
<td>$10.00</td>
</tr>
<tr>
<td>Police Accident Report</td>
<td>$10.00</td>
</tr>
<tr>
<td>Police Digital Still Records (Disc)</td>
<td>$30.00</td>
</tr>
<tr>
<td>Police Digital Video Records</td>
<td>$30.00</td>
</tr>
<tr>
<td>Fire Incident Report</td>
<td>$10.00</td>
</tr>
<tr>
<td>Codes Incident Report</td>
<td>$15.00</td>
</tr>
<tr>
<td>Village Clerk Report</td>
<td>$10.00</td>
</tr>
<tr>
<td>Planning Board Report</td>
<td>$15.00</td>
</tr>
<tr>
<td>Parks and Recreation Report</td>
<td>$10.00</td>
</tr>
<tr>
<td>Highway Department</td>
<td>$10.00</td>
</tr>
<tr>
<td>Other</td>
<td>$10.00</td>
</tr>
</tbody>
</table>