



Town of Dover Records Access Office

126 East Duncan Hill Road, Dover Plains, NY 12522
(845) 832-6111 telephone (845) 832-3188 fax
townclerk@townofdovery.ny.us

Application for Public Access to Records (FOIL) Request

Date applied: _____

Under the provision of the New York Freedom of Information Law, Article 6 of the Public Officers Law (FOIL),

I request information from the follow Department: Assessor Building Planning Supervisor Town Clerk
Other (please write in) _____

Tax Grid # (if applicable): _____

Description of Requested Record: _____

Applicant: _____

Address: _____
Street or P.O. Box

City/Town State Zip

Phone: _____

Email address: _____

Fax No: _____

Signature: _____

Please check one of the following:

I request to review these documents in person.

I request printed reproduction for pick-up at the cost of 25¢ per letter or legal size page, 35¢ for an 11"x 17" page or \$1.00 per CD.

I request documents to be mailed to the address or faxed to the fax number provided on this form (with corresponding fee if necessary).

I request documents to be e-mailed (to email provided on form).

Response to the Applicant

Approved You may review and/or copy this (these) record(s) as follows:
Date: _____ Time: _____ Location: _____

Photocopies or a CD will be provided for the following amount(s):

Number of photocopies (25¢ per copy) No. of copies : _____ Fee: \$ _____
Number of CD(s): (\$1.00 per CD) No of CDs: _____ Fee: \$ _____
Postal Service or Fax fee: _____ Fee: \$ _____

Denied for the reason(s) checked below:

- Exempted by statute other than Freedom of Information
- Interagency or intra-agency materials
- Would danger the life or safety of any person
- Would impair contract awards or coll. barg. agreements
- Record of agency as legal custodian cannot be found
- Current examination questions or answers
- Trade secret: confidential commercial information
- Unwarranted invasion of personal privacy
- Record is not maintained by this agency
- Other _____

Any person denied access to records may appeal the denial with the Town Board of the Town of Dover within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Dover, Dover Town Hall, 126 East Duncan Hill Road, Dover Plains, NY 12522.

Date Completed: _____

Total Fee: \$ _____

Staff Initials _____