Pine Bush Central School District
Administration Office
PO Box 700
Pine Bush, NY 12566

Application for Public Access to Records
"FOIL" Request

Requestor's Name _____

Address _____

Day Phone _____ Home Phone _____

Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request records or portions thereof pertaining to: *(attempt to identify the records in which you are interested as clearly as possible)*

_____

_____

_____

_____

_____ I would like to inspect the requested record(s) at the district office.

_____ I would like copies of the requested record(s) sent to the above address. I understand there will be a fee charged for copies.

_____ I would like copies of the requested record(s) in the following format

_____.

I understand the Freedom of Information law requires that an agency respond to a request within five business days of receipt of a request. I understand that there may be a fee associated with my request, which may include a $0.25 per photocopy charge or the actual cost of reproducing the record.

If for any reason any portion of the request is denied, I will be notified in writing and be provided with the name and address of the person or body to whom an appeal should be directed.

Signature _____ Date _____

Please return completed form to: Records Access Officer, Pine Bush Central School District, P.O. Box 700, Pine Bush, NY 12566, or via email to: Maria Wise at maria.wise@pinebushschools.org