

Greater Johnstown School District
District Office
1 Sir Bills Circle, Suite 101
Johnstown, NY 12095

**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. There is a \$.25 per page charge for all copies made. I authorize the business office to make up to _____ copies at \$.25 per page for a total of _____ without my prior approval.

I understand the Freedom of Information law requires that an agency respond to a request within five business days of receipt of a request.

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, Greater Johnstown School District
1 Sir Bills Circle, Suite 101, Johnstown, NY 12095