



**VILLAGE OF PORT CHESTER**  
**Village Clerk**  
 222 Grace Church Street, Port Chester, NY 10573  
 E-mail: [Clerk@PortChesterNY.gov](mailto:Clerk@PortChesterNY.gov)  
 Phone (914) 939-5202 • Fax (914) 305-2560  
[www.PortChesterNY.gov](http://www.PortChesterNY.gov)

FOIL #:
DATE RECEIVED:

**FREEDOM OF INFORMATION LAW  
 (FOIL) REQUEST FORM**

**Section 1 —To Be Completed by Applicant**

YOUR NAME (FIRST M. LAST)			
ADDRESS		SUITE / APT.	TELEPHONE HOME
CITY	STATE	ZIP CODE	TELEPHONE MOBILE
COMPANY / BUSINESS NAME			TELEPHONE WORK
E-MAIL			FAX
SIGNATURE OF APPLICANT			DATE OF APPLICATION

**DESCRIPTION OF RECORD(S):**

  
  
  
  
  
  
  
  
  
  
  

RELATING TO STREET ADDRESS:	SECTION _____ BLOCK _____ LOT _____
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<input type="checkbox"/> I desire to view the documents requested during normal business hours.	<b>FEE: \$</b>
<input type="checkbox"/> I am requesting copies of the records, and, hereby, agree to pay the lawful reproduction costs plus applicable postage. <i>[Twenty-five cents/page for photocopies. Five dollars (\$5) per CD/DVD for electronic copies. Request for specialized documents (blueprints, maps, etc.) will be charged at the Village's cost to reproduce. In cases requiring specialized computer services to produce records, applicant can also be assessed at the hourly rate of the lowest paid employee capable of reproducing the records.]</i>	<b>DATE PAID</b>  / /

**Section 2 - To Be Completed by Village of Port Chester**

**A dated copy of this form will be e-mailed, fax or mailed to you in acknowledgement of your request,** as required by the Public Officer's Law that a municipality respond to this original request within five (5) business days.

**FOR VILLAGE OF PORT CHESTER USE ONLY**

<p><b>Forwarded to department</b> <input checked="" type="checkbox"/> the appropriate box(s):</p> <table> <tr> <td><input type="checkbox"/> - Building &amp; Code Enforcement</td> <td><input type="checkbox"/> - Public Works</td> </tr> <tr> <td><input type="checkbox"/> - Planning Zoning &amp; Development</td> <td><input type="checkbox"/> - Fire Department</td> </tr> <tr> <td><input type="checkbox"/> - Village Clerk / BOT</td> <td><input type="checkbox"/> - Police Department</td> </tr> <tr> <td><input type="checkbox"/> - Finance</td> <td><input type="checkbox"/> - Senior Community Center</td> </tr> <tr> <td><input type="checkbox"/> - Law</td> <td><input type="checkbox"/> - Recreation Department</td> </tr> <tr> <td><input type="checkbox"/> - Manager</td> <td>Other: _____</td> </tr> </table> <p><b>Received by:</b> <input type="checkbox"/> JR <input type="checkbox"/> VS <input type="checkbox"/> SD <b>OTHER:</b> _____</p>	<input type="checkbox"/> - Building & Code Enforcement	<input type="checkbox"/> - Public Works	<input type="checkbox"/> - Planning Zoning & Development	<input type="checkbox"/> - Fire Department	<input type="checkbox"/> - Village Clerk / BOT	<input type="checkbox"/> - Police Department	<input type="checkbox"/> - Finance	<input type="checkbox"/> - Senior Community Center	<input type="checkbox"/> - Law	<input type="checkbox"/> - Recreation Department	<input type="checkbox"/> - Manager	Other: _____	<p><b>Sent by department to Clerk Office</b> <input checked="" type="checkbox"/> the appropriate box(s):</p> <table> <tr> <td><input type="checkbox"/> - Building &amp; Code Enforcement</td> <td><input type="checkbox"/> - Public Works</td> </tr> <tr> <td><input type="checkbox"/> - Planning Zoning &amp; Development</td> <td><input type="checkbox"/> - Fire Department</td> </tr> <tr> <td><input type="checkbox"/> - Village Clerk / BOT</td> <td><input type="checkbox"/> - Police Department</td> </tr> <tr> <td><input type="checkbox"/> - Finance</td> <td><input type="checkbox"/> - Senior Community Center</td> </tr> <tr> <td><input type="checkbox"/> - Law</td> <td><input type="checkbox"/> - Recreation Department</td> </tr> <tr> <td><input type="checkbox"/> - Building &amp; Code Enforcement</td> <td><input type="checkbox"/> - Public Works</td> </tr> </table> <p><b>Sent by:</b> _____</p>	<input type="checkbox"/> - Building & Code Enforcement	<input type="checkbox"/> - Public Works	<input type="checkbox"/> - Planning Zoning & Development	<input type="checkbox"/> - Fire Department	<input type="checkbox"/> - Village Clerk / BOT	<input type="checkbox"/> - Police Department	<input type="checkbox"/> - Finance	<input type="checkbox"/> - Senior Community Center	<input type="checkbox"/> - Law	<input type="checkbox"/> - Recreation Department	<input type="checkbox"/> - Building & Code Enforcement	<input type="checkbox"/> - Public Works
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# VILLAGE OF PORT CHESTER

## Village Clerk

222 Grace Church Street, Port Chester, New York 1057

E-mail: [Clerk@PortChesterNY.gov](mailto:Clerk@PortChesterNY.gov)

Phone (914) 939-5202 • Fax (914) 305-2560

### FREEDOM OF INFORMATION LAW (FOIL) - RESPONSE

<b>REQUESTING PARTY:</b>	<b>FOIL #:</b>
<b>RECORDS AVAILABLE</b>	
<input type="checkbox"/> - THE RECORDS HAVE BEEN <input type="checkbox"/> FULLY / <input type="checkbox"/> PARTIALLY PROVIDED. <input type="checkbox"/> - THE RECORD OF WHICH THIS AGENCY IS LEGAL CUSTODIAN COULD NOT BE FOUND AFTER DILIGENT SEARCH OR DOES NOT EXIST.	<input type="checkbox"/> - RECORDS NOT POSSESSED BY THIS DEPARTMENT / OFFICE. <input type="checkbox"/> - THERE ARE NO KNOWN DOCUMENTS THAT ARE RESPONSIVE TO YOUR REQUEST.
<b>AFTER REVIEW, YOUR REQUEST HAS BEEN GRANTED:</b>	
<input type="checkbox"/> - THE DOCUMENT(S) YOU REQUESTED WILL BE AVAILABLE TO YOU ON: ____/____/____ <input type="checkbox"/> - YOU HAVE ELECTED TO HAVE THE DOCUMENT(S) REPRODUCED. THE COST OF REPRODUCTION IS \$ _____ PLEASE BRING CASH OR MONEY ORDER / SEND MONEY ORDER PAYABLE TO THE VILLAGE OF PORT CHESTER AND SUBMIT TO THE ADDRESS ABOVE.	
<input type="checkbox"/> - <b>DENIED FOR THE REASON(S) CHECKED BELOW</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> - REQUEST FAILS TO REASONABLY DESCRIBE THE RECORDS;</li> <li><input type="checkbox"/> - SPECIFICALLY EXEMPTED FROM DISCLOSURE BY STATE OR FEDERAL STATUTE;</li> <li><input type="checkbox"/> - UNWARRANTED INVASION OF PERSONAL PRIVACY;</li> <li><input type="checkbox"/> - IMPAIR PRESENT OR IMMINENT CONTRACT AWARDS OR COLLECTIVE BARGAINING NEGOTIATIONS;</li> <li><input type="checkbox"/> - TRADE SECRETS OR SUBMITTED BY A COMMERCIAL ENTERPRISE OR DERIVED FROM INFORMATION OBTAINED FROM A COMMERCIAL ENTERPRISE AND WHICH WOULD CAUSE SUBSTANTIAL INJURY TO THE COMPETITIVE POSITION OF THE SUBJECT ENTERPRISE;</li> <li><input type="checkbox"/> - COMPILED FOR LAW ENFORCEMENT PURPOSES AND WOULD;           <ul style="list-style-type: none"> <li><input type="checkbox"/> - I INTERFERE WITH LAW ENFORCEMENT INVESTIGATIONS OR JUDICIAL PROCEEDINGS;</li> <li><input type="checkbox"/> - II DEPRIVE A PERSON OF A RIGHT TO A FAIR TRIAL OR IMPARTIAL ADJUDICATION;</li> <li><input type="checkbox"/> - III IDENTIFY A CONFIDENTIAL SOURCE OR DISCLOSE CONFIDENTIAL INFORMATION RELATING TO A CRIMINAL INVESTIGATION; OR</li> <li><input type="checkbox"/> - IV REVEAL CRIMINAL INVESTIGATIVE TECHNIQUES OR PROCEDURES;</li> </ul> </li> <li><input type="checkbox"/> - WOULD ENDANGER THE LIFE OR SAFETY OF ANY PERSON;</li> <li><input type="checkbox"/> - INTER-AGENCY OR INTRA-AGENCY MATERIALS WHICH ARE NOT:           <ul style="list-style-type: none"> <li><input type="checkbox"/> - I STATISTICAL OR FACTUAL TABULATIONS OR DATA;</li> <li><input type="checkbox"/> - II INSTRUCTIONS TO STAFF THAT AFFECT THE PUBLIC;</li> <li><input type="checkbox"/> - III FINAL AGENCY POLICY OR DETERMINATIONS;</li> </ul> </li> <li><input type="checkbox"/> - EXAMINATION QUESTIONS OR ANSWERS REQUESTED PRIOR TO THE FINAL ADMINISTRATION OF SUCH QUESTIONS;</li> <li><input type="checkbox"/> - DISCLOSED, WOULD JEOPARDIZE THE CAPACITY OF AN AGENCY OR AN ENTITY THAT HAS SHARED INFORMATION WITH AN AGENCY TO GUARANTEE THE SECURITY OF ITS INFORMATION TECHNOLOGY ASSETS, SUCH ASSETS ENCOMPASSING BOTH ELECTRONIC INFORMATION SYSTEMS AND INFRASTRUCTURES.</li> </ul>	
<b>PROCESSED BY:</b>	<b>DATE:</b>
<b>NOTICE TO APPLICANT:</b> You have a right to appeal a denial of this application in writing to the office of the Village Manager, Village of Port Chester, 222 Grace Church St., Suite 150, Port Chester, NY 10573, within thirty (30) days of the denial. You will receive a response in writing within ten (10) business days of receipt of your appeal. • Phone: (914) 939-2200 • Fax: (914)-937-3169	