FREEDOM OF INFORMATION LAW (FOIL) REQUEST
APPLICATION FOR ACCESS TO PUBLIC RECORDS

Village Clerk
Village of Harriman
1 Church Street
Harriman, New York  10926
Office - 845-783-4421
Fax – 845-782-2016

Name of Applicant: ________________________________________________________
FULL Address: _________________________________________________________________
Telephone Number: _____________________________________________________________
Check One:  __________  EXAMINE  _________  PHOTOCOPIES (.25 per copy)
  __________  E-Mail  IF APPLICABLE TO SEND BY EMAIL
(email address) ____________________________________________________________
Applicant’s Signature: _________________________________________________________

List the records you wish to examine or have copied.
Use back of page for more space if needed.
Please be specific as to the type of information you require
These records are not permitted for Fund-raising purposes.

Distribution Information:

_______ Village Clerk  ________ Police Department  _________ Building Department

DATE RECEIVED: ___________________ DATE COMPLETED: ___________________
AMOUNT DUE: $_________________
DATE PICKED UP: ___________________ DATE EMAILED: ___________________

__________________  DENIED  Reason for Denial ___________________________________