

**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

**PLEASE PRINT**

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: \_\_\_\_\_

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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.

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Distribution Information:

\_\_\_\_\_ Village Clerk      \_\_\_\_\_ Police Department      \_\_\_\_\_ Building Department

**DATE RECEIVED:** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_

**AMOUNT DUE:** \$ \_\_\_\_\_

**DATE PICKED UP:** \_\_\_\_\_ **DATE EMAILED:** \_\_\_\_\_

\_\_\_\_\_ **DENIED** Reason for Denial \_\_\_\_\_