FREEDOM OF INFORMATION (FOIL)
Monroe County, New York

APPLICATION TO ACCESS RECORDS

REQUEST

Please be as specific as possible

REQUESTOR INFORMATION

NAME: _____

PROJECT/CLIENT (IF APPLICABLE): _____

FIRM/COMPANY (IF APPLICABLE): _____

E-MAIL: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

PLEASE PRINT, SIGN, AND DATE THIS FORM BEFORE SUBMITTING.

_____
SIGNATURE

_____
DATE

SUBMISSION INFORMATION

VIA MAIL:
MONROE COUNTY ACCESS OFFICE
DEPARTMENT OF COMMUNICATIONS
39 W MAIN ST – SUITE 108
ROCHESTER, NY 14614

VIA EMAIL:
COMMUNICATIONS@MONROECOUNTY.GOV

VIA FAX:
(585) 753-1068

There may be a fee associated with your request.
Notice: You have a right to appeal denial of this application.