Date Rec'd at EHS: _____ **LOG #**_____

Peter Buzzetti III, MPH
Public Health Director
Chemung County Health Department
103 Washington St.
PO Box 588
Elmira, NY 14902-0588
cchd@chemungcountyny.gov

Sarah Mattison, MPH
Deputy Public Health Director

Environmental Health
Phone: (607) 737-2019
Fax: (607)737-2059
ehs@chemungcountyny.gov

Application for Access to Records – Freedom of Information Law (FOIL)

Please type or print:
Applicant's Name: _____ Email Address: _____

Phone: (_____)_____ Fax: (_____) _____

Please check one:
- ☐ **Request to inspect the following records:**
- ☐ **Request paper copies of the following records** *(copy fee of $0.25 per page may apply)**:***
- ☐ **Request electronic copies of the following records via email:**

Type of information requested *(be specific as to subject, dates, facilities, locations, etc.)*:

_____

_____

_____

_____

_____

SIGNATURE OF APPLICANT: _____ Date: _____

Representing: _____

Mailing Address: _____

Applications can be submitted via mail, fax (607-737-2059), or email (EHS@chemungcountyny.gov)

FOR DEPARTMENTAL USE ONLY

CORRECTNESS/SEARCH CERTIFICATION:

I certify that:

- ☐ The copies attached are correct and complete copies of the records requested by the applicant
- ☐ The records reviewed by the applicant are correct and complete.
- ☐ A proper search has been conducted for the records requested for inspection by the applicant and that they cannot be found.

Signature: _____

Title:_____ Date: _____

DENIAL OF ACCESS:

I hereby certify that access has been denied to the applicant for the reason(s) checked below:

- ☐ Exempted by other statute
- ☐ Part of investigatory files
- ☐ Not specifically named as available under any statute
- ☐ Confidential Disclosure
- ☐ Unwarranted Invasion of Personal Privacy
- ☐ Other (specify) _____

Signature: _____

Title: _____ Date: _____

Cost of Copies

Number of pages = _____ Receipt #: _____

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