77 Main Street
Post Office Box 369
Warwick, NY 10990
www.villageofwarwick.org



(845) 986-2031 FAX (845) 986-6884 mayor@villageofwarwick.org clerk@villageofwarwick.org

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

Name	
Company Name	
Address	City/State/Zip
Daytime Phone Number:	
E-mail address	
Name & Address of Third	
Party	
Records Request	
Fully describe the records you are a detailed description of the records y accurately respond to your request records that you are requesting in sa denial of your request. You must documents.	you are requesting is necessary to Your failure to describe the sufficient detail may result in
The documents are in the	Department (s)

I WOULD LIKE TO INS	SPECT □	
HAVE PHOTO COPIES		
OR SENT ELECTRONIC	C IF AVAILABLE□	
Documents & Date the Documents:	e or Time Period of	
document copied. There w	vill be an additional charge for	ach regular size (8 ½ x 11) public or larger size documents, maps, tapes, any reproduction costs that may apply.
Signature		Date
business days to research a	•	departments will have up to twenty cuments. If denied you have the right to of the denial.
	For Agency Use	Only
Approved:		To answer within 5 business day
Denied (for the reasons be	elow)	
Records are not ma Exempted by Statut	y Files ion of Personal Privacy is Agency is Legal custodian	Information Law
Signature	 Title	

Note: You have a right to appeal a denial	of this application to the head of this agency:
Village of Warwick Board of Trustees 77 Main Street / P.O. Box 369 Warwick, NY 10990	
Who must fully explain the reason(s) for sappeal.	such denial, within seven (7) days of receipt of an
Signature	Date