

**LYNNE M. JOHNSON**  
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**JOHN C. WELCH, JR.**  
Chief Administrative Officer  
**LISA STENSHORN**  
Clerk of the Legislature  
**KATHERINE BOGAN**  
County Attorney



**ORLEANS COUNTY LEGISLATURE**  
14016 Route 31 W, Suite 201, Albion, New York 14411  
Phone: (585) 589-7053 Fax: (585) 589-1618  
www.orleanscountyny.com

**LEGISLATORS**

Donald J. Allport - At Large  
Edward F. Morgan - At Large  
Merle L. Draper - At Large  
William H. Eick - District 1  
Lynne M. Johnson - District 2  
Fred Miller - District 3  
John M. Fitzak - District 4

***FOIL REQUEST***

Date of Request \_\_\_\_\_

Name of Applicant (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

Representing \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

I hereby apply to \_\_\_\_\_ inspect and/or \_\_\_\_\_ copy the following records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand the Records Access Officer must respond to my request within five business days of receipt of written request by making the records available or by denying access in writing giving the reasons for denial or providing a written acknowledgment of receipt of my request and a statement of the approximate date when the request will be granted.

I also understand and acknowledge that I will be charged a fee of \$0.25 per photocopy for documents up to 9" by 14" and a fee of \$1.00 for certification. Fees for copies of other records will be based upon the actual cost of reproduction. Payment must be made at the time copies of records are provided.

Signature of Applicant \_\_\_\_\_

Return completed application to:  
Email: April.Flesch@orleanscountyny.gov  
By Mail: Orleans County Legislature  
14016 Route 31 West, Suite 201  
Albion, NY 14411

For Agency Use Only:

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied for reason(s) checked below

\_\_\_\_\_ confidential disclosure

\_\_\_\_\_ part of investigatory files

\_\_\_\_\_ unwarranted invasion of personal privacy

\_\_\_\_\_ record of which this agency is legal custodian cannot be found

\_\_\_\_\_ record is not maintained by this agency

\_\_\_\_\_ exempted by statute other than the Freedom of Information Act

\_\_\_\_\_ other (specify)

\_\_\_\_\_

Signature	title	date
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*Receipt:*

Number of Copies received: \_\_\_\_\_. Cost per copy: \_\_\_\_\_. Total amount due: \_\_\_\_\_.

Cash/Check/Money Order received in the amount of \$\_\_\_\_\_, on this date:\_\_\_\_\_.

Make Checks/Money Order payable to: *Orleans County Treasurer*

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NOTICE: You have a right to appeal a denial of this application to the head of this agency, who must fully explain his reasons for such denial in writing seven days of receipt of an appeal.

I HEREBY APPEAL:

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Signature

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date