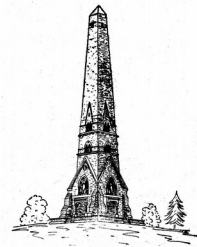


TOWN of SARATOGA

**12 SPRING STREET
SCHUYLERVILLE, NY 12871**

TELEPHONE # (518) 695-3644

FAX # (518) 695-6782



Freedom of Information Law

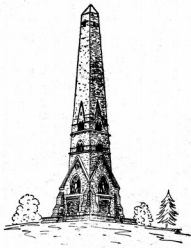
Public Records Access:

To request access to public records of the Town of Saratoga, you must complete the attached application and forward it to the Town Clerk of the Town of Saratoga.

1. All requests must be in legible print. All requests must have your name, address, phone number and email clearly printed on the forms.
2. Copies of records may be obtained at \$.25 per copy. Documents larger than 9" x 14" or for reproducing photographs, maps, etcetera, the actual cost of reproduction will be charged, as well as mileage and time.
3. Allow five (5) business days for acknowledgment of receipt of your request.

Helpful Hints when submitting a FOIL request:

- Please be specific as possible in describing the requested records and include relevant dates, names and locations.
- Specify whether you would like to inspect the records or have copies of the records sent to you.
- If records are available, specify whether you want them sent via US mail, email or fax. The Town Clerk may choose to send the records, or volume of records by U.S. mail for security or other reasons and will notify you of any charges for reproducing such records before they are sent.
- Please include your email, mailing address, fax number and telephone number where you can be reached during business hours in case it is necessary to clarify your request.
- Please note the Town Clerk is not required to create a new record in response to FOIL requests.

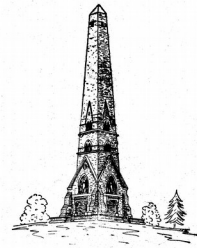


TOWN of SARATOGA

12 SPRING STREET
SCHUYLERVILLE, NY 12871

TELEPHONE # (518) 695-3644

FAX # (518) 695-6782



Application for Public Access to Records

Date: _____

To: _____, Records Access Officer

I wish to inspect the following record(s): (Identify records you are interested in as clearly and specifically as possible.)

You may inspect documents first and then ask for copies of the ones you actually need.

Signature: _____

Printed Name: _____

Address: _____

Phone number: _____ Email: _____

For Agency Use Only

Approved _____ Date _____ Time _____

Denied (for the reason(s) checked below):

- _____ Exempted by statute other than Freedom of Information.
- _____ Unwarranted invasion of personal privacy.
- _____ Would impair contract awards or collective bargaining agreements.
- _____ Trade secret; confidential commercial information
- _____ Law enforcement records
- _____ Would endanger the life or safety of any person
- _____ Interagency or intra-agency materials
- _____ Record in not maintained by this agency
- _____ Record of which this agency is legal custodian cannot be found.
- _____ Other (specify) _____

Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Saratoga, 12 Spring Street, Schuylerville, NY 12871.

Article 6 of the Public Officer Law requires that an agency respond to a request for access to public records within five (5) business days of receipt of the request.