



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

MONROE COUNTY, NY

I hereby apply to      inspect or      obtain a copy of the following record(s).\*

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*(Please be specific with your request.)*

Name

Representing (if applicable)

Mailing Address

Telephone (include area code)

City

State

Zip Code

**Please print, sign and date this form before submitting.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\*There is no charge for the inspection of documents; however, if duplication is requested by you, a charge of 25¢ per page is payable to Monroe County.*

Notice: You have a right to appeal denial of this application.

**Send Request to:**

Monroe County Access Officer  
204 County Office Building • 39 West Main Street • Rochester, NY 14614  
585 753-1080 • fax: 585 753-1068 • [MonroeCounty.gov](http://MonroeCounty.gov)