Application for Access to Records
Freedom of Information Law (FOIL)
Monroe County, New York

I hereby apply to ☐inspect ☐obtain a copy of the following records:*

Please be specific: _____

Name: (please print) _____ *Signature:* _____

Representing: (if applicable) _____ *Date:* _____

Mailing Address: _____ *Telephone: (include area code)* _____

City, state, zip code: _____

**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, New York 14614
Phone: (585) 753-1080 • *fax:* (585) 753-1068 • *www.monroecounty.gov*