

## Freedom of Information Request for Access to Public Records Form

Please complete all information below. All requests will be addressed by the District's Records Access Officer in accordance with the Freedom of Information (FOI) Act and procedures. Mail completed form to: Scott Taylor, Records Access Officer, North Collins Central School District, P.O. Box 740, North Collins, NY 14111, or email to: staylor@northcollinscsd.org.

The Records Access Officer will acknowledge receipt of the request within five (5) business days. When requests have been acknowledged, approval or denial of access will be made within twenty (20) additional business days. The additional time may be required to review or locate the records and/or determine rights of access.

Requestor's Name:	
Email Address:	
Organization Represented:	
Address:	
I hereby request permission to inspect the following	ng records:
I hereby request copies of the following records:	
I understand fees may apply for copying and comp Photocopying - \$.25 per page	iling* of records.
*No fees will be charged for compilations that take compilation will take more than two hours to compose the estimated cost of preparing a copy of the requirement.	plete, the Requestor will be notified in advance
Signed:	Date: