



City of Schenectady, New York

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FREEDOM OF INFORMATION REQUEST (FOIL)

DATE: _____ YOUR PHONE # _____ CELL # _____

YOUR NAME: _____

YOUR ADDRESS: _____

PLEASE DESCRIBE THE RECORD(S) YOU ARE REQUESTING AS COMPLETELY AS POSSIBLE. SUPPLY INDIVIDUAL NAME(S), DATES, PLACE OF INCIDENT, DATES OF BIRTH, FILE DESIGNATION OR ANY OTHER INFORMATION THAT WILL HELP FIND THE CORRECT RECORD.

YOUR RELATIONSHIP TO THE PARTY _____

CERTIFIED COPY YES (ADDITIONAL \$1.00)

Your Freedom of Information Request has been received and is being processed. Processing of this request requires a review of available records by the agency or department in custody of the records, followed by a review of your request and the responding records by the City Law department. Some records are exempt from disclosure; some entries contained within records which are subject to review are private or legally privileged and must be removed before you are granted access to the records.

Because of the scope of the volume of records that must be reviewed in order to respond to your request, the ease or difficulty in locating, retrieving or generating records, the complexity of the request, the need to review records to determine the extent to which they must be disclosed, the number or requests received by the City, staff availability, and similar factors that bear on the City's ability to grant access to records promptly and within a reasonable time, the City will either grant or deny your request within twenty (20) days from the date of this acknowledgement.

If in the course of reviewing your request it is determined by the Law Department that additional study or review is required and as a result the request can not be answered within that twenty (20) day period, a further notice will be sent to you advising of a specific date when the request will be either granted or denied. You will be contacted by telephone or correspondence once a determination concerning your request has been made.