



Village of Cape Vincent
127 E. Joseph St.
PO Box 337
Cape Vincent, NY 13618

FOIL Request Form

Date: _____

I request that you provide me with the following record(s): (Please identify the records as clearly as possible)

There is a FOIL fee of \$0.25 per page.

Printed Full Name: _____ Signature: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

For Office Use Only

Date received: _____

Number of copies: _____ Charge: _____

Denied (for reason(s) checked below:

- Exempted by statute other than Freedom of Information
- Unwarranted invasion of personal privacy
- Record not maintained by this agency
- Would impair contract awards or collective bargaining agreements
- Law enforcement records
- Would endanger the life or safety of any person(s)
- Other:

Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Village Board at the address listed above.