



# Freedom of Information (FOIL) Request Form

## How to Submit FOIL Request

Information request must be completed in full. There are two ways to submit:

- Click the “submit” button to send via email OR
- Print this form and mail to  
FOIL Request  
Western Suffolk BOCES  
PO Box 8007  
Huntington Station, NY 11946-9007

## Specific Records Requested

I want the following records. Provide date, title of record, or other information to identify the **specific** record(s) you request.

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## Name of Person Requesting Records

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Preference for Obtaining the Records (select one)

- Inspect only
- Email to \_\_\_\_\_
- FAX to \_\_\_\_\_
- Paper Copy. Copying of typical paper records will be made at the established fee of \$.25/page. If requestor wants records mailed, BOCES will do so at the cost of the US Postal Service. Copying fees and postage costs must be paid in full before records will be mailed.

## Agreement for Obtaining the Records

(You must agree to this requirement in order to process your FOIL request.):

- I certify that the purpose of reviewing or obtaining the above records is not to obtain names and addresses for commercial or fundraising purposes.