



*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:*

*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](http://www.monroecounty.gov)