

**Spackenkill Union Free School District**  
15 Croft Road  
Poughkeepsie, New York 12603

**Application for Public Access to Records  
“FOIL” Request**

Requestor’s Name \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request records or portions thereof pertaining to: *(attempt to identify the records in which you are interested as clearly as possible)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I would like to inspect the requested record(s) at the district office.

\_\_\_\_\_ I would like copies of the requested record(s) sent to the above address. I understand there will be a fee charged for copies.

\_\_\_\_\_ I would like copies of the requested record(s) in the following format

\_\_\_\_\_.

I understand the Freedom of Information law requires that an agency respond to a request within five business days of receipt of a request. I understand that there may be a fee associated with my request, which may include a \$0.25 per photocopy charge or the actual cost of reproducing the record.

If for any reason any portion of the request is denied, I will be notified in writing and be provided with the name and address of the person or body to whom an appeal should be directed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to: Records Access Officer, Spackenkill Union Free School District, 15 Croft Road, Poughkeepsie, New York 12603, or via email to: [nancy.melilli@sufsdny.org](mailto:nancy.melilli@sufsdny.org)