

**APPLICATION FOR PUBLIC ACCESS TO RECORDS  
GENESEE COUNTY**

**Freedom of Information Law ("FOIL") Application**

**To: Records Access Officer**

Self-Insurance  
Workers Compensation  
\_\_\_\_\_  
Name of Agency/Department

County Building I, 15 Main Street  
Batavia, New York 14020  
\_\_\_\_\_  
Address

**I hereby apply to inspect the following record(s):**

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

_____ Signature	_____ Date
_____ Print Name	_____ 
_____ Representing	_____ 
_____ Telephone No.	_____ Mailing Address

-----  
**For Agency/Department Use Only**

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Number of copies are responsive to the request and a fee of: \_\_\_\_\_

A fee of .25 per page must be remitted in advance  
(Please make checks payable to Genesee County Treasurer)

or records available for inspection during the following:  
Office hours: \_\_\_\_\_ And days: \_\_\_\_\_

\_\_\_\_\_  
Department

\_\_\_\_\_  
Address

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\_\_\_\_\_ Records of which this Agency/Department is Legal Custodian Cannot be found.

\_\_\_\_\_ Record is not maintained by this Agency/Department

\_\_\_\_\_ Receipt of request acknowledged, however, additional time is required

Number of Days \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_ Denied: (for reason(s) checked below)

\_\_\_\_\_ Unwarranted Invasion of Personal Privacy

\_\_\_\_\_ Exempted by Statute other than the Freedom of Information Act

Specify: \_\_\_\_\_

\_\_\_\_\_ Confidential Disclosure of Information of Procedures in criminal investigation

\_\_\_\_\_ Other: (Specify) \_\_\_\_\_

\_\_\_\_\_  
Signature Records Access Officer

\_\_\_\_\_  
Date

Department of: \_\_\_\_\_

**Notice**

You have the right to appeal a denial, in whole or in part, of this application to the Records Access Appeals Officer, Office of County Attorney, County of Genesee, 7 Main Street, Batavia, New York 14020

I hereby appeal:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date