OFFICE OF THE CITY CLERK

Full Name _____

City Hall, 1 Kennedy Plaza Utica, New York 13502

Tel.: (315) 792-0113 Fax: (315) 792-0220



Melissa Sciortino City Clerk

Company/Org.

INSTRUCTIONS AND APPLICATION FOR RECORDS ACCESS (FOIL REQUESTS)

Mailing Address	Phone Number
	E-mail Address
Applicant's Signature	Date of Request / /
Send this completed application to: FOIL@cityofutica.com	FEES FOR PROCESSING RECORDS REQUEST • 25¢ per page (not exceeding 9" x 14") • The fee for all other records shall not exceed the actual
NOTICE TO APPLICANT	reproduction cost and may include: An amount equal to the hourly salary attributed to the lowest paid
In response to a request, the City will:	agency employee who has the necessary skill required to prepare a
unless there is an attachment sp	copy of the requested record The actual cost of the storage devices or media provided to the requestor The actual cost of engaging an outside professional service to prepare a copy of a record when no City employee is able to do so Preparing a copy shall not include search time or administrative costs, and no fee shall be charged unless at least 2 hours of employee time is needed to prepare a copy of the record requested A requestor shall be notified of the estimated cost of preparing a copy of the record if more than 2 hours' time is needed * All fees are billed PRIOR to the release of any records, receipt of deposit required prior to compiling requests ormation as thoroughly as possible, pecifically detailing your request! al copy of the following record(s) OR