



FREEDOM OF INFORMATION (FOIL)  
Monroe County, New York

APPLICATION TO ACCESS RECORDS

**REQUEST**

*Please be as specific as possible*

**REQUESTOR INFORMATION**

NAME: \_\_\_\_\_

PROJECT/CLIENT (IF APPLICABLE): \_\_\_\_\_

FIRM/COMPANY (IF APPLICABLE): \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**PLEASE PRINT, SIGN, AND DATE  
THIS FORM BEFORE SUBMITTING.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**SUBMISSION INFORMATION**

VIA MAIL:  
MONROE COUNTY ACCESS OFFICE  
DEPARTMENT OF COMMUNICATIONS  
39 W MAIN ST – SUITE 204  
ROCHESTER, NY 14614

VIA EMAIL:  
COMMUNICATIONS@MONROECOUNTY.GOV

VIA FAX:  
(585) 753-1068

*There may be a fee associated with your request.  
Notice: You have a right to appeal denial of this application.*