**Village of Attica**

**9 Water Street**

**Attica NY 14011**

**FOIL Request**

**Date:**

**I, , hereby request the following records to be available under the Freedom of Information Law: (If further documents are required, please attach additional sheets).**

**Document(S) Requested Page #’s Dat of Transaction**

**I, , am aware that all documents granted under FOIL must be paid for prior to removal from the Village Office at a cost of .25¢ per copy. Total cost is determined on a per sheet basis.**

**The Village of attica is required to respond immediately to this request, but will respond either verbally or in writing within Five (5) Business Days from the Receipt of this Request. Every attempt will be made, however, to satisfy this request as quickly as possible.**

**Applicants Mailing Address Phone Number**

**Applicants Signature**