Application for Records Under Freedom of Information Law ("FOIL")

FIRST	
LAST	
BUSINESS NAME	
STREET	
CITY	
STATE	
ZIP CODE	
DAYTIME PHONE # (xxx-xxx-xxxx)	
EMAIL	

I HEREBY APPLY TO RECEIVE COPIES OF RECORDS. ☐

If these records are not available by the method you have chosen you will be contacted to determine an acceptable alternative. Duplication costs for records are outlined on our webpage.

COPIES OF THESE RECORDS SHOULD BE DELIVERED TO ME BY:

☐ **CD or Diskette** ☐ **Email** ☐ **Hard Copy Postal Service** ☐ **Microfiche Reproduction** ☐ **Zip Disk**

I HEREBY APPLY FOR AN APPOINTMENT TO INSPECT RECORDS AT THE OFFICES OF THE NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES. ☐

CONTACT ME WITH A TIME TO INSPECT THESE RECORDS BY: ☐ **Email** ☐ **Phone**

RECORD DESCRIPTION	

CHECK BUREAU(S) KNOWN OR ASSUMED TO HAVE THE RECORDS (if known):

☐ **Administration**	☐ **Executive**	☐ **Life**	☐ **Public Information**
☐ **Capital Markets**	☐ **Frauds**	☐ **Licensing**	☐ **Systems**
☐ **Consumer Services**	☐ **General Counsel**	☐ **Taxes and Accounts**	
☐ **Disaster Preparedness**	☐ **Health**	☐ **Property**	

REQUESTED OFFICE FOR HANDLING : ☐ **Albany** ☐ **New York City**