

Email: DOH-FOIL@ulstercountyny.gov

Phone: 845-340-3009

Fax: 845-334-8337

I hereby apply to inspect/receive the following records:

Should I desire copies of all or part of the records, I hereby offer to pay the established fees.

Name: _____
PLEASE PRINT

Signature: _____ Date: _____

Representing: _____

Mailing Address: _____

Telephone: _____ Email: _____

FOR DEPARTMENTAL USE ONLY

Regarding the records requested above:

☐ Records have been located:

☐ Attached for copying and processing

☐ Have been faxed/e-mailed to requestor (Date: _____ Time: _____)

☐ Requestor will be coming in to review (Date: _____ Time: _____)

☐ A complete records search has been conducted and No Records have been found

☐ More information is needed to process request. Requestor has been contacted (Date: _____ Time: _____)

☐ Denied (reason) _____

I hereby certify that a proper search has been conducted for the requested records. The records attached are correct and complete records as requested. If no records have been found, I further certify that a complete search was performed and records requested are either unable to be located or not maintained by our department.

Staff Name: _____ Title _____ Date _____

Additional Notes: _____

FOR FISCAL USE ONLY

Number of Pages: _____ @ .25 _____ per copy = _____

Number of Maps _____ @ 5.00 _____ per map = _____

Preparing & Reproducing Fee _____ @ 10.00 _____ per hour = _____

Total Cost of All Copies _____

Fee Waived: _____

Signature

Date

ADMIN REVIEW

Approved to Search: _____

FISCAL STAMP