



**RECORDS ACCESS OFFICER  
 OFFICE OF THE CITY CLERK  
 ROOM 202 – CITY HALL  
 ALBANY, NEW YORK 12207  
 Phone (518) 434-5090 Fax (518) 434-5081**

**FREEDOM OF INFORMATION LAW REQUEST**

*Please complete all sections of this document in legible, printed form. Be specific about what documents or records you are requesting (Building/Codes, Police, Fire, Department of General Services, etc.). Also, know the specific time frame you are searching, and be sure of the accuracy of names and addresses. Date of birth and Social Security number are important when searching police records. Depending on the age of the record, you may be referred to the Albany County Hall of Records. The City of Albany complies with the New York State Public Officers Law §87 & §89, but please be mindful that we cannot provide records that do not exist. You will be notified as to when and where you may review material if it is substantial in volume. Under NYS law, you will be charged \$.25 per page for copying (other charges apply for reproducing pictures, videotapes, and CDs).*

**I hereby request the following records from the City of Albany:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name person making the request (PRINT):** \_\_\_\_\_

**Representing (PRINT):** \_\_\_\_\_

**Mailing Address (PRINT):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

**Date:** \_\_\_\_\_

**You have the right to appeal the denial (within 30 days) of this request in writing to the Appeals Officer. An appeal shall be decided in writing within 10 business days of the receipt of the notice of appeal. Please specify the provision of the law under which you are filing the appeal. The Appeals Officer is:**

**Harold Greenstein  
 Room 202 – City Hall  
 Albany, New York 12207**