

(212) 416-8121

FREEDOM OF INFORMATION REQUEST

Date:

Please print all information requested below:

Name of person inspecting documents:

Address:

Telephone number:

Representing:

Address:

Telephone number:

I HEREBY REQUEST TO INSPECT THE FOLLOWING DOCUMENTS: (Please be specific)

Example: Entire file including backup documents, Black book only, Amendments only (specify number)

Black book only and all amendments, rent rolls, etc.)

STREET ADDRESS & DOCUMENT (S) ACCEPTANCE OR
FILE NUMBER PLAN NAME REQUESTED SUBMISSION DATE

FOR AGENCY USE ONLY. DO NOT WRITE BELOW THIS LINE

Approved Date

DENIED: reason(s) checked below:

Intra or inter agency materials

Unwarranted invasion of privacy

Record of which this agency is legal custodian cannot be located after diligent search

Exempted by statute other than the Freedom of Information Act

Request has been referred to department which has custody of document(s) or control of original record

Investigatory material

Other (specify)

Signature:

Title:

Date:

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE HEAD OF THIS AGENCY. THAT OFFICIAL MUST FULLY EXPLAIN IN WRITING,

WITHIN SEVEN WORKING DAYS OF RECEIPT OF AN APPEAL, THE REASON FOR THE DENIAL.

I HEREBY APPEAL:

SIGNATURE:

DATE: