

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

APPLICANT NAME	
Mr./Mrs./Ms./Dr.:	
First:	
Middle:	
Last:	
Suffix:	
Business Name:	
APPLICANT ADDRESS	
Address 1:	
Address 2:	
City:	
State:	
Zip Code:	
Country:	
APPLICANT CONTACT INFORMATION	
For additional information I prefer to be contacted by:	<input type="checkbox"/> Email <input type="checkbox"/> US Mail <input type="checkbox"/> Phone
	<input type="checkbox"/> Fax <input type="checkbox"/> Other
Daytime Phone:	
FAX:	
Email Address:	

<input type="checkbox"/> I HEREBY APPLY TO RECEIVE COPIES OF RECORDS
<i>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.</i>
<input type="checkbox"/> Email <input type="checkbox"/> Hard Copy <input type="checkbox"/> CD/DVD <input type="checkbox"/> USB Drive

<input type="checkbox"/> I HEREBY APPLY FOR AN APPOINTMENT TO INSPECT RECORDS AT THE OFFICES OF THE NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
<i>You will be contacted to determine a date and time to inspect the records.</i>

RECORD DESCRIPTION	
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