

OCRRA FOIL Request Form

Name and address:

Date: _____

Records Access Officer
Onondaga County Resource Recovery Agency
100 Elwood Davis Road, North Syracuse, New York 13212-4312

Dear Records Access Officer:

In accordance with the provisions of the New York State Freedom of Information Law, please provide me with the opportunity to examine and/or copy all the records described below. This request is limited to records produced on or after **(date)** _____:

Description of records:

I understand that OCRRA is entitled to charge 25 cents per page for photocopying costs or actual reproduction costs for other records. If documents are denied, please specify the exemptions claimed for such denial.

I expect an acknowledgement of this request within five working days, as provided by the Freedom of Information Law.

If you have any questions about this request, please contact me at:

Phone: _____

Fax: _____

Sincerely,

Your signature (not required if sending via **e-mail**):

Your name (please print):
