

# Freedom of Information Request

TO: Tioga County Sheriff's Office  
Attn: FOIL Officer  
103 Corporate Drive  
Owego, New York 13827

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

or email to: [RhodesC@co.tioga.ny.us](mailto:RhodesC@co.tioga.ny.us)

I hereby apply to inspect the following record(s): *(describe records to include specific date(s) and document titles if know. Also include specific time periods of records. If no time period is specified, we reserve the right to deny the request as too broad or burdensome to comply with)*

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**Note: If requesting by email, the typing of your name shall constitute a valid and legal signature for submission of your request. Tioga County and the Sheriff's Office has the right to rely upon the information submitted and shall assume no obligation to verify the "signature" provided. Any submission not utilizing the proper and legal name of the individual requesting the information is subject to denial and/or prosecution.**

\_\_\_\_\_  
Requestors Name (Type or Print)

\_\_\_\_\_  
Requestors Signature

\_\_\_\_\_  
Requestors Mailing Address

\_\_\_\_\_  
Requestors Phone Number

\_\_\_\_\_  
Requestors E-Mail Address

## \*FOR OFFICIAL USE ONLY\*

\_\_\_ **Approved**

\_\_\_ **Denied (Reason for denial is marked below)**

\_\_\_ **Unwarranted invasion of privacy**

\_\_\_ **Record cannot be found**

\_\_\_ **Record is not maintained by this agency**

\_\_\_ **Exempted by statute other than the Freedom of Information Act**

\_\_\_ **Part of an investigatory file(s)**

\_\_\_ **Other (Specify) \_\_\_\_\_**

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

\_\_\_\_\_  
**Title**

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

NOTICE: You have the right to appeal the decision of the Freedom of Information Officer, whose decision will be in writing and will state the reason for the denial. Your request will be approved, denied or acknowledged within (5) business days from the date the request was received. A written appeal should be submitted to the Tioga County Legislature (C/O Freedom of Information Officer, County of Tioga, 56 Main Street, Owego, New York 13827 or by email to: [foil@co.tioga.ny.us](mailto:foil@co.tioga.ny.us)) within thirty days of the date of denial and must contain the following information: The date and location of a request for records; the records which were denied, and; the name and address of the appellant.