

# Freedom of Information Request

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

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

or E-mail to: BesseyA@tiogacountyny.gov

I hereby apply to inspect the following record(s): *(describe records to include specific date(s) and document titles if known. 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).*

I am requesting a copy of:

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.

\_\_\_\_\_  
Requestor name (type or print)

\_\_\_\_\_  
Requestor signature

\_\_\_\_\_  
Requestor street address

\_\_\_\_\_  
Requestor phone number

\_\_\_\_\_  
Requestor city/state/zip code

\_\_\_\_\_  
Requestor E-Mail address

\*\*\*FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE\*\*\*

\_\_\_\_\_  
Approved (standard redaction may apply)

**Reason(s) for denial:**

\_\_\_\_\_  
Denied (see reason)

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

\_\_\_\_\_  
Record(s) cannot be found

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

\_\_\_\_\_  
Open investigation/prosecution

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

\_\_\_\_\_  
Other \_\_\_\_\_

\_\_\_\_\_  
Title/signature – FOIL officer or designee

\_\_\_\_\_  
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@tiogacountyny.gov](mailto:foil@tiogacountyny.gov)) 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.

**Fees:** Electronic records (documents only) = no charge    Copies: (\$0.25/page) = \$ \_\_\_\_\_    CD/Memory stick: (\$5.00/ea.) = \$ \_\_\_\_\_

Body Cam Footage: \_\_\_\_\_ hrs. x \$22.69/hr. = \$ \_\_\_\_\_    Postage: \$ \_\_\_\_\_    Total for this FOIL = \$ \_\_\_\_\_

**Note:** The processing of body camera footage can be time consuming depending on content to be redacted. If processing takes more than two hours, this office will charge the above rate for time greater than two hours. *Total # of hrs. to process footage:* \_\_\_\_\_