FOIL REQUEST FORM

NIAGARA CHARTER SCHOOL

Use this form to submit a FOIL Request to the Niagara Charter School. Send only necessary information for fulfillment of the FOIL request. Please be sure to clearly describe the record(s) you request, including relevant dates, names and descriptions.

FIISt Name:	
Middle Initial:	
Last Name:	
E-Mail:	_
Organization/Affiliation:	
Address Line 1:	
Address Line 2:	
City:	
State/Province:	
Zip/Postal Code:	
Country:	
Contact Phone Number:	
FOIL REQUEST-Description of Records Requested:	
-	
If Fees Apply, please contact me if costs will be greater than: \$_	
Contact US:	
E-mail:	

Phone: (716) 297-4520