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.

First 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