



**ROCKLAND COUNTY BOARD OF ELECTIONS**

11 NEW HEMPSTEAD ROAD  
NEW CITY, N.Y. 10956  
(845) 638-5172  
Fax. (845) 638-5196

ANN MARIE KELLY  
Commissioner

LOUIS C. BABCOCK  
Commissioner

KATHLEEN M. PIETANZA  
Deputy Commissioner

GERARD ROGERS  
Deputy Commissioner

**“FOIL APPLICATION”  
APPLICATION FOR PUBLIC ACCESS TO RECORDS**

**REQUEST: LISTS/LABELS/COPIES/DISKS**

**CHOOSE : VIEW / PURCHASE**

I, \_\_\_\_\_ hereby request

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is hereby agreed that the fee will be paid upon delivery of same to me.

DEPOSIT \_\_\_\_\_  
RECEIPT \_\_\_\_\_  
DATE PAID \_\_\_\_\_

\_\_\_\_\_  
(Name) PLEASE PRINT

BALANCE \_\_\_\_\_  
RECEIPT # \_\_\_\_\_  
DATE PAID \_\_\_\_\_

\_\_\_\_\_  
(Address)

TEL NO. \_\_\_\_\_

\_\_\_\_\_ (Lists) Pages @ .05 + \$12.00

\_\_\_\_\_ (Labels) Sheets @ .40 + \$12.00

\_\_\_\_\_ CD: \$25.00 – COUNTY  
\_\_\_\_\_ \$10.00: TOWN, VILLAGE OR  
\_\_\_\_\_ COMMITTEE

\_\_\_\_\_ Copies @ .25 per page

Accepted by \_\_\_\_\_  
Prepared by \_\_\_\_\_  
Notified/Date \_\_\_\_\_  
Picked up/Date \_\_\_\_\_  
Approved by \_\_\_\_\_

TOTAL : \_\_\_\_\_

DATE : \_\_\_\_\_

\_\_\_\_\_ **Approved**

\_\_\_\_\_ number of copies are responsive to the request and  
a fee of \$\_\_\_\_\_ [\$.25 per page] must be remitted in advance  
(Please make check payable to: Commissioner of Finance)

or records available for inspection during following  
office hours: \_\_\_\_\_ and days: \_\_\_\_\_  
Department: Rockland County Board of Elections  
Address: 11 New Hempstead Road, New City, NY 10956

\_\_\_\_\_ Record of Which The Rockland County Board of Elections is Legal Custodian Cannot  
be found

\_\_\_\_\_ Record is not maintained by the Rockland County Board of Elections

\_\_\_\_\_ Receipt of request acknowledged, however, additional time is  
required  
Number of Days \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_ Denied: (for reason(s) checked below)

\_\_\_\_\_ Unwarranted Invasion of Personal Privacy

\_\_\_\_\_ Exempted by Statute other than the Freedom of  
Information Act  
Specify: \_\_\_\_\_

\_\_\_\_\_ Confidential Disclosure of information or procedures  
in criminal investigation

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

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

\_\_\_\_\_  
**Records Access Officer**  
**Department of Rockland County Board of Elections**

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

**NOTICE**

You have the right to appeal a denial, in whole or in part, of this application to the Records Access Appeals Officer,  
Office of the County Executive, County of Rockland, 11 New Hempstead Road, New City, New York 10956

**I hereby appeal:**

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

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

A copy of the County's "FOIL" Procedures is available upon request.