

County of Erie Board of Elections  
Freedom of Information Request (FOIL)

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Political Committee or Organization \_\_\_\_\_

Address \_\_\_\_\_

Reason for request \_\_\_\_\_

**Geographic Area (T/W/D)** \_\_\_\_\_

**Document Format**(check):

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Map         | <input type="checkbox"/> Apportionment Book | <input type="checkbox"/> Enrollment list <small>(Paper)</small> |
| <input type="checkbox"/> Access '10* | <input type="checkbox"/> Excel '10*         | <input type="checkbox"/> Copies <small>(paper)</small>          |
| <input type="checkbox"/> Access '03* | <input type="checkbox"/> Excel '03**        | <input type="checkbox"/> DBF/CSV                                |

\*Electronic forms will be on CD Starting at \$25 \*\*Excel '03 must be 65,500 records or less

**Parties** (check all that apply):  All  D  R  C  W  I  G  O

**Info Requested** (check all that apply):  Address  Phone  DOB  Gender  T/W/D  
 Voting history (Additional \$5.00/per year)  Other \_\_\_\_\_

**Sort Preference:**  T/W/D  Address  Name

**Special Notes** \_\_\_\_\_

The individual requesting the information acknowledges that he/she is responsible for a fee of twenty-five (\$0.25) cents per page for photocopying of paper records, or if the item is not normally maintained by the Board of Elections purposes, the actual cost of producing such information. Payment in full by either cash, money order, or check payable to "Commissioner of Finance" and delivered to the Erie County Board of Elections, 134 West Eagle Street, Buffalo, New York 14202 must be made prior to the production of any material. Items normally maintained by the Board of Elections may take up to five (5) business days for processing, other materials may take longer. **The individual requesting the information acknowledges that the information provided will not be used directly or indirectly for commercial purposes.**

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

-----Do Not Write Below This Line- For Board of Election Use Only-----

|  |   |
|--|---|
|  | <input type="checkbox"/> Cash <input type="checkbox"/> Check _____<br>Receipt Number _____<br>Amount Paid \$ _____<br>Determination <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| Commissioner or Authorized Representative <small>(signature)</small> |   |
| Commissioner or Authorized Representative <small>(print)</small>     | Date Filled   |
| Request Filled By  | Request Received By   |