

Roosevelt Island Operating Corporation of the State of New York 591 Main Street Roosevelt Island, NY 10044 (212) 832-4540 www.rioc.ny.gov

REQUEST FOR ACCESS TO RECORDS UNDER THE FREEDOM OF INFORMATION LAW (FOIL)

DATE OF REQUEST:				
REQUESTER'S NAME:				
STREET ADDRESS:		A	PT: #	
CITY, STATE, ZIP:				
TELEPHONE NUMBERS:	(Home)	(Business)		
EMAIL:				
Dear Records Access Officer Pursuant to Public Off Roosevelt Island Operating	ficers Law § 84 (("FOIL"), I hereby requ ne State of New York (g records of the
(1)				
(2)				
(3)				
The regulations charged by RIOC to se of records. Should I rec access, I will pay RIOC that do not exceed 9	arch and certi quest photocop C twenty-five	ies of any records cents per page for	ection or for to which RIC photocopies o	my inspection DC grants me f any records

Very truly yours,

Signature

fixed agency cost, for copies of records that are more that such size.

(Type-in your name)