

## Overview

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The Freedom of Information Law ("FOIL"), [Article 6 \(Sections 84-90\)](#) of the NYS Public Officers Law, provides the public right to access to records maintained by government agencies with certain exceptions.

"Record" means any information kept, held, filed, produced or reproduced by, with, or for this agency, in any physical form whatsoever including, but not limited to, reports, statements, examinations, memoranda, opinions, folders, files, books, manuals, pamphlets, forms, papers, designs, drawings, maps, photos, letters, microfilms, computer tapes or disks, rules, regulations or codes.

## Request Records

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**Mail a written request to:**

*Records Access Officer  
City of Oneida-City Clerk  
109. N. Main Street  
Oneida, NY. 13421*

**E-mail a written request to:** [slapera@oneidacityny.gov](mailto:slapera@oneidacityny.gov) / [mludwig@oneidacityny.gov](mailto:mludwig@oneidacityny.gov)

**Fax a written request to:** (315) 363-9558

**Submit a request for records in person:**

Our main office is located on 109 N. Main Street, Oneida, NY 13421. Upon entering the main entrance of the building, turn left and proceed to the City Clerk's office. Please be advised records require review prior to disclosure. As a result, documents and records will not be immediately available.

## FOIL Process

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Within five business days of the receipt of a written request for a record reasonably described, we will send you a letter either: making such record available; denying such request in writing; or furnishing a written acknowledgment of the receipt of such request. If you have not received a letter within five business days, please contact us at (315) 363-7378 or [slapera@oneidacityny.gov](mailto:slapera@oneidacityny.gov) / [mludwig@oneidacityny.gov](mailto:mludwig@oneidacityny.gov).

An acknowledgment letter will provide you with an estimate of when the records you request will be available, which shall be reasonable under the circumstances of the request. This date is determined by the number of documents you request, their format, their availability, the time it takes to redact any information that cannot be disclosed pursuant to FOIL, the time it takes to assemble the documents, and other factors.

If the records you request require a fee to be paid, you will be notified prior to the records being released to you. Once payment is received, we will immediately provide you with the records you requested. For detailed information regarding fees related to FOIL please refer to the [FOIL Fee Schedule](#). Unless a different fee is otherwise prescribed by statute, Public Officers Law §87(1) authorizes an agency to charge a fee of 25¢ per copy for copies of records up 9"x 14", or the *actual cost* of reproducing a record. In determining the actual cost of producing a record, an agency may include only:

- an amount equal to the hourly salary attributed to the lowest agency paid employee who has the necessary skill required to prepare the requested record(s), if at least two hours of agency employee time is needed to prepare a copy of the record(s) requested;
- the actual cost of the storage devices or media provided to the person making the request in complying with such request; and
- the actual cost to the agency of engaging an outside professional service to prepare a copy of a record, but only when an agency's information technology equipment is inadequate to prepare a copy, if such service is used to prepare the copy.

Once the requested records are prepared, you may receive the records via email, fax, paper, CD/DVD, or USB. Records are available for inspection, by appointment, on business days between 9 a.m. and 2:30 p.m. at the Records Access Office (City Clerk's Office), 109 N. Main St., Oneida, NY. 13421. You may schedule an appointment for in-person inspection of records by calling (315) 363-7378, Ext. 128 or 129.

## Right to Appeal

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Under provisions of the Public Officers Law, you may appeal a FOIL determination. If you desire to submit such an appeal, you must do so within 30 days of the written response to your FOIL request. Please include a copy of the original request for records and a copy of the FOIL response letter you received along with your appeal letter to:

City Clerk- F.O.I.L. Appeal  
City of Oneida  
109 N. Main Street  
Oneida, NY. 13421

You will be informed in writing of the decision within ten business days of our receipt of such an appeal.

## Helpful Tips

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For more information about FOIL, please visit the [New York State Committee on Open Government's website](#).

When submitting a FOIL request:

- Be as specific as possible in describing the requested records. Include relevant dates, names, descriptions, etc. See [suggested language](#) for a FOIL request from the Committee on Open Government.
- Specify whether you would like to inspect the records or have copies of the records sent to you.
- If records are available, specify how you want them sent, i.e., via US mail, e-mail or fax. We may choose to send the records by U.S. mail, if you have requested a large volume of records, for security or other important reasons. We will notify you of any charge for reproducing such records before they are sent to you.
- Include your e-mail, mailing address and fax number, as well as a telephone number where you can be reached during business hours, if it is necessary to clarify your request.
- **Please note that the agency is not required to create a new record in response to FOIL requests.**

**CITY OF ONEIDA**

RESPOND BY:

**FOIL REQUEST FOR PUBLIC RECORDS**

Office Use Only

**NEW YORK STATE FREEDOM OF INFORMATION LAW  
(PUBLIC OFFICERS LAW, ARTICLE 6-SECTIONS 84-90)**

Requestors are not required to use this form. The City may fill this out, in part, to accompany any written request for recordkeeping/tracking purposes.

DATE RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_

Check if received via:  FAX  EMAIL  IN PERSON  OTHER \_\_\_\_\_

**REQUESTOR INFORMATION**

*(Please Print or Type)*

Name:	Phone:
Firm/Organization:	Fax:
Street:	Email:
City:	State: Zip:

**RECORDS REQUESTED**

DEPARTMENT(S) REQUESTED: \_\_\_\_\_

DATE RANGE: \_\_\_\_\_ TO \_\_\_\_\_

If Individual:

Name:	Date of Birth: (If Known)
Address: (If Known)	
City:	State: Zip Code:

TYPE OF RECORD REQUESTED: \_\_\_\_\_

DESCRIBE REQUEST: \_\_\_\_\_

**PURPOSE OF REQUEST:** \_\_\_\_\_

\*Only required if requesting a list of names/addresses. Must provide proof of purpose.

**REQUESTED RESPONSE FORMAT:** EMAIL PICKUP MAIL FAX

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Requestor)

**FOR OFFICE USE ONLY**

**DEPARTMENT HEAD (Print):** \_\_\_\_\_

**DEPARTMENT HEAD SIGNATURE:** \_\_\_\_\_

APPROVED DENIED \_\_\_\_\_ (reason) NO RECORDS FOUND

**CITY CLERK/DEPUTY**

**FEE:** No Fee (Emailed/Personal Inspection)

Number of Pages: \_\_\_\_\_

.25 per Page: \_\_\_\_\_

Media: \_\_\_\_\_

Deposit: ( ) if applicable

**TOTAL DUE:** \_\_\_\_\_

**DATE FOIL COMPLETED:** \_\_\_\_\_

**DATE REQUESTOR CONTACTED:** \_\_\_\_\_ **BY:** \_\_\_\_\_