

FOIA (Freedom of Information Act) Request Form

To make a request under the Freedom of Information Act (FOIA), please review our guidelines and FOIA Request Form. Anyone may request public records, and a purpose does not need to be stated. There are no restrictions on the use of the records. The allotted initial response time for Connecticut open records requests is four days for the agency to acknowledge receipt of the request. The FOIA request to the New Milford Public Library should be in writing, detailing the type, subject matter, date(s) of the records requested and format to receive document(s). Authorizations and/or other documentation should be attached if needed. You may pick up a FOIA Request Form at the New Milford Public Library or request the form be emailed to you.

(See FOIA Request Form below)

FOIA Request Form

DATE: _____

NAME: _____

MAILING ADDRESS _____

CITY/TOWN: _____ STATE: _____ ZIP CODE _____

PHONE: () _____ - _____

EMAIL: _____

PLEASE COMPLETE THE FOLLOWING:

1. Department Requesting Records From _____

2. Please list/describe the document(s) you are requesting. Please be specific, i.e. include date range and exact information. If you are not sufficiently specific, we may not be able to identify the document(s), and this may delay your request:

3. Receipt of documents: ____ Review documents OR ____ Receive copies

4. Format to receive document(s): ____ Paper Copies

OR ____ Other Electronic Media

I agree to pay such fees and costs per FOIA Fees (per Summary of Charges) prior to the release of documents to me. I understand that payment is due to the Department from which I am requesting records. I understand that the fees may be waived if I, the requester, am receiving public assistance or can demonstrate other facts showing my inability to pay due to indigence (CGS § 1-212(d) (1)).

Signature of Requester: _____

Department Use Only:

Date FOI Request Received: _____

Date Request Completed: _____

Date of Initial Department Response: _____

Date Request Picked-up/Sent: _____ # of pages: ____ x (\$0.25/pg.) = \$ _____

+Media: \$ _____ = Total Cost: \$ _____ Payment: \$ _____ Department

Signature: _____

Approved by the New Milford Public Library Board of Trustees on 10/18/23