

FOIL Submission

Application for Public Access to Records
<http://fweb.tompkins-co.org/Forms/COIFoil>



City of Ithaca

New York

Please return to:

City of Ithaca Clerk
108 East Green Street
Ithaca, NY 14851

Submission Date: _____

Last Name: _____

First Name: _____

Organization: _____

Phone Number: _____

Email: _____

Address (Line 1): _____

Address (Line 2): _____

City: _____

State: _____

Zip Code: _____

Representing: _____

(Upon whose behalf are you making this request? If yourself, just enter "Self".)

Information Requested: _____

Failure to fill out this form completely may impede the City's ability to respond to your request.

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