



DEPARTMENT OF NEIGHBORHOOD AND BUSINESS DEVELOPMENT  
DIVISION OF CODE ENFORCEMENT

Stephanie A. Miner, Mayor

FREEDOM OF INFORMATION APPLICATION

PROPERTY ADDRESS OF INTEREST: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

NAME OF PERSON REQUESTING RECORDS: \_\_\_\_\_

ADDRESS OF PERSON REQUESTING RECORDS: \_\_\_\_\_

CITY, STATE AND ZIP CODE: \_\_\_\_\_

PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

IDENTIFICATION OF PERSONS REQUESTING RECORDS: \_\_\_\_\_ TENANT \_\_\_\_\_ INSURANCE ADJUSTER

\_\_\_\_\_ ATTORNEY \_\_\_\_\_ CONCERNED NEIGHBOR \_\_\_\_\_ LANDLORD \_\_\_\_\_ PROSPECTIVE BUYER

\_\_\_\_\_ REALTOR \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

RECORD(S) REQUESTED: (SPECIFY YEAR IF APPLICABLE) \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

IF COPIES REQUESTED, SPECIFY BELOW (PLEASE CHECK):

- 1) FILE \_\_\_\_\_
- 2) MICROFILM \_\_\_\_\_
- 3) CURRENT VIOLATIONS \_\_\_\_\_
- 4) ZONE CHECK \_\_\_\_\_
- 5) COPY OF CO, CA, CC \_\_\_\_\_

NUMBER OF COPIES: \_\_\_\_\_

FEE PAID\*: \_\_\_\_\_

<b>**MAIL or FAX IN WITH ORIGINAL SIGNATURE TO:</b>	
DIVISION OF CODE ENFORCEMENT 201 EAST WASHINGTON STREET, ROOM 101 SYRACUSE, NEW YORK 13202	
<b>**QUESTIONS?</b>	<b>PHONE: (315)448-8600</b>
	<b>FAX: (315) 448-8615</b>

\*FEE PAID FOR EACH COMPUTER PAGE OR PRINTED PAGE IS \$.25 AND \$.35 FOR EACH MICROFILM PAGE.

REQUEST APPROVED: \_\_\_\_\_ REQUEST DISAPPROVED: \_\_\_\_\_

REASON FOR DISAPPROVAL: \_\_\_\_\_

SIGNATURE OF PERSON REQUESTING RECORDS: \_\_\_\_\_

SIGNATURE OF OFFICIAL GRANTING/DENYING REQUEST: \_\_\_\_\_

SIGNATURE OF CORPORATION COUNSEL (IF APPLICABLE): \_\_\_\_\_