Freedom of Information Law(FOIL) Request for Records



Email request to: foils@hrbrrd.ny.gov or mail to: FOIL Officer
Hudson River-Black River Regulating District
54 State Street, Suite 501
Albany, New York 12204
See more FOIL information here: https://
hrbrrd.ny.gov/contact-us/foil-request/

Date of Request:

Dear Records Access Officer:

I am interested in the following records (include as much detail about the record as possible, such as relevant dates, names, descriptions, etc.):

telephone number:	and/or email address:
so that I may clarify my request, and when	appropriate, inform me of the manner in which records are
filed, retrieved or generated.	
If the requested records cannot be emailed request, please advise me of the actual cos	I to me due to the volume of records identified in response to my t of providing all records.
I wish to have these records emaile	ed to me at the address indicated below.
I wish to inspect the records prior	to obtaining copies.
Name:	
Email:	.
Phone:	
Address:	
City, State, Zip:	

If my request is too broad or does not reasonably describe the records, please contact me at the following