



**ALBANY COUNTY
BOARD OF ELECTIONS**
224 S. Pearl St Albany, NY 12202
(518) 487-5060 • Fax (518) 487-5077
boardofelections@albanycountyny.gov
www.albanycountyny.gov/vote

Commissioners
ALISON MCLEAN LANE, DEMOCRATIC
RACHEL BLEDI, REPUBLICAN

Deputy Commissioners
DAVID CADY, DEMOCRATIC
MELISSA KERMANI, REPUBLICAN

FOIL REQUEST APPLICATION

NOTICE: NYS Election Law Sec 3-103(5) prohibits using information derived from voter registration records for non- election purposes. The applicant hereby requests access to the voter registration records requested, accepts and understands the conditions outlined above and certifies that they have a right of access to the records. Any person who knowingly and willfully violates this provision is guilty of a misdemeanor.

Requester Information (Please Print):

Name: _____ Phone: (____) _____

Address: _____

City/State/Zip: _____

Email: _____

Is Requester applying on own behalf? Yes No

If No – Complete Below the Name and Address of Person the Information is Requested for:

Name: _____

Address: _____

Information Requested: Please provide as much detail as needed to fulfill the request:

Check the purpose of your request: Marketing/Commercial Elections Purposes Other

Signature of Requestor: _____ Date: _____

Request Taken by Board Employee: _____ Date Completed: _____

Request Approved By: _____ Date: _____

All FOIL requests must include the printed name, signature [original, not computer generated], address, phone, email [if requesting voter data electronically], and identify if the request is on behalf of another party. Any fees assessed for a FOIL request must be submitted prior to fulfillment.

Checks may be made payable to:
Albany County

Mailed to:
Albany County Board of Elections
224 S. Pearl Street, Albany, NY 12202.

By signing and submitting this form, I agree to abide by NYS Election Law Sec 3-103(5).