



# Division of Veterans' Affairs

New York State  
Division of Veterans' Affairs  
2 Empire State Plaza, 17th Floor  
Albany, NY 12223-1200  
[DVAFoilRequest@Veterans.ny.gov](mailto:DVAFoilRequest@Veterans.ny.gov)

## FOIL Request

Please fill out the following information and return to the Division of Veterans' Affairs using the contact information provided above.

1. I would like to request access to the below described information pursuant to the Freedom of Information Law (FOIL) by the following method, if reasonably possible:

**Via email**

**By copying all records onto a CD**

**Via inspection prior to obtaining copies (during normal business hours)**

**By providing paper copies**

2. The information that I am requesting is:

(please include as much detail about the information requested as possible)

3. My contact information for purposes of this FOIL request:

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

To be reached during the hours of:

\_\_\_\_\_ am to \_\_\_\_\_ am  
\_\_\_\_\_ pm to \_\_\_\_\_ pm

Signature \_\_\_\_\_

Date \_\_\_\_\_