



(/)

Request a Record

Please make your request specific so you receive the fastest service. After you submit a FOIL request you will receive a confirmation number so you can track the status of the response. The agency will notify you about how much time is required to respond to your request.

Category (optional)

Selecting a category helps clarify which agency will receive the request by listing agencies grouped by categories.

Agency (required)

Select the agency that will handle your request.

Request Title (required)

90 characters remaining

Note: The agency, category, and title of your request will be visible to the public. Do not enter personal information here.

Ex: Queens Blvd Roadwork Permit.

Request Description (required)

Provide more information about your request to help the City locate the record. If you don't know the record name, describe the type of information you think it would contain and the approximate date range. Do not include private information such as a social security # or credit card.

5000 characters remaining

Note: The request details you write here will not be visible to the public. However, the agency may post a description of the records provided.

Ex: Roadwork permits for work done in on Queens Blvd. between 40th and 45th streets, Borough of Queens, in September and October 2017.

Upload File (optional, must be less than 20 Mb)

Choose File

No file uploaded

Personal Information

First and last name fields are required. The Email field is optional but recommended. If you do not provide an email you must enter either a phone number, fax number, or address in the Alternate Contact Information section.

This information will not be publicly viewable on this site. You must provide contact information so that the agency can respond to your request for records.

First Name (required)

John

32 characters remaining

Last Name (required)

Doc

Doe

64 characters remaining

Email

requester@email.com

Alternate Contact Information

No information entered in this section will be visible to the public.

Fields are included in case alternate contact method is needed.

Title

Your role in your organization (if applicable)

64 characters remaining

Organization

Your organization (if applicable)

128 characters remaining

Phone

(555) 555-5555

Fax

(555) 555-5555

Address

Address Line 1

123 Main Street

Address Line 2

Apartment 3D

City

New York

State / U.S. Territory

New York

Zip

12345

Submit Request

Directory of City Agencies (<http://www1.nyc.gov/nyc-resources/agencies.page>)

Contact NYC Government (<http://www1.nyc.gov/home/contact-us.page>)

City Employees (<https://a127-ess.nyc.gov>)

Notify NYC (<http://www.nyc.gov/notifynyc>)

CityStore (<http://a856-citystore.nyc.gov/>)

Stay Connected (<http://www1.nyc.gov/connect/social-media.page>)

**NYC Mobile Apps
(<http://www1.nyc.gov/connect/applications.page>)**

Maps (<http://www1.nyc.gov/nyc-resources/nyc-maps.page>)

Resident Toolkit (<http://www1.nyc.gov/nyc-resources/resident-toolkit.page>)



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