

DYCD Request Number:

| Freedom of Information Law Request Form | |
|---|-------|
| Records Access Officer NYC Department of Youth and Community Development 2 Lafayette Street, 14 th Floor New York, New York 10007 foil@dycd.nyc.gov | Date: |
| Requester Name: | |
| Requesting Organization: | |
| Requester/Organization Address: | |
| Requester Telephone Number: | |
| Requester Email: | |
| DYCD Program: | |
| Request Detail (Please specify/describe the records you are requesting): | |

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