FREEDOM OF INFORMATION LAW REQUEST FORM

To: Records Access Officer
New York City Housing Authority
90 Church Street, 11th Floor
New York, New York 10007
Phone: (212) 306-8680
FOIL@NYCHA.NYC.GOV

I, _______________________________, request copies of New York City Housing Authority records.

The records pertain to:

☐ Section 8  ☐ Public Housing  ☐ Contracts/ Procurement  ☐ Employment/ Human Resources

☐ Other: __________________________________________________________

Please specify the records you are requesting, including tenant name, dates, contract number, voucher number, vendor number, case number, development names and addresses:

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

If you are requesting your own records, please submit a legible copy of your government-issued identification with this form.
If you are requesting someone else’s records, that person must complete and submit a notarized consent form authorizing NYCHA to release his/her records to you. A sample consent form is available on NYCHA’s website.

There is a charge of 25¢ per page or actual costs of reproduction, payable in advance, plus mailing/postage costs.

Requester’s Name: _______________________________ Signature: _______________________________

Requester’s Organization: ________________________________________________________________

Requester’s Address: _______________________________ Street _______________________________ City _______________________________ State _______________________________ Zip

Telephone Number: (____) __________________________ Email: __________________________________________