



FREEDOM OF INFORMATION APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date: _____

To: Records Access Officer

I wish to inspect and/or obtain a copy of the following record(s): Identify records you are interested in as clearly as possible (**Please Print**)

Signature: _____

Name (PRINT): _____

Address: _____

City/State/Zip: _____

Daytime Phone Number: _____

For Agency Use Only

Date Received: _____ Photocopies: Number _____ x \$.25 per page
Amount collected: \$ _____

APPROVED

DENIED: For the reason(s) checked below:

- ___ Exempted by statute other than Freedom of Information
- ___ Unwarranted invasion of personal privacy
- ___ Record of which this agency is legal custodian cannot be found
- ___ Record is not maintained by this agency
- ___ Exceeds record retention period, no longer available
- ___ Other (specify) _____

Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Wales, 12345 Big Tree Road, Wales Center, New York 14169

Revised 5/15/2008

Signature of Records Access Officer or Deputy