

Town of Hornellsville

P.O. Box 1, 4 Park Ave

Arkport, NY 14807

Phone: 607-295-9660 Fax: 607-295-8015

FREEDOM OF INFORMATION REQUEST FORM

Name _____

Date _____

Representing _____

Mailing Address _____

Phone Number _____

I hereby apply to receive or inspect the following record(s):

(Please be as specific as possible; copies are subject to a fee of 25¢ per page)

Signature _____

Date _____

Please submit this form by mail to:

Town of Hornellsville

Attn: Town Clerk

P.O. Box 1

Arkport, NY 14807

OR

Fax to:

607-295-8015

FOR AGENCY USE ONLY

Date Request Received _____

Request Received By _____

Date Acknowledgement Letter Mailed _____

APPROVED

Date Information Mailed _____

DENIED (For the reason(s) checked below):

- | | |
|--|---|
| <input type="checkbox"/> Confidential Disclosure | <input type="checkbox"/> Part of Investigatory Files |
| <input type="checkbox"/> Record is not maintained by this agency | <input type="checkbox"/> Unwarranted invasion of personal privacy |
| <input type="checkbox"/> Other (Specify) | |

Date Denial Notice Mailed _____

Signature

Date
