APPLICATION FOR PUBLIC ACCESS TO RECORDS

"Freedom of Information Law" (FOIL) Request

Town of Hornellsville
PO Box 1, 4 Park Avenue
Arkport, NY 14807

TO: RECORDS ACCESS OFFICER DEPARTMENT (DIVISION): _____

NAME **PHONE** ( )

BUSINESS NAME (If applicable)

ADDRESS **EMAIL**

I hereby apply to inspect the following record(s): (PLEASE FULLY IDENTIFY)

_____

_____

_____

_____

METHOD OF DELIVERY REQUESTED

SIGNATURE: **DATE:**

STOP HERE - FOR RECORDS ACCESS OFFICER USE ONLY

☐ APPROVED - Records will be received via:

- ☐ In-Person Retrieval
- ☐ Regular Mail
- ☐ Email

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

- ☐ Confidential disclosure
- ☐ Part of investigatory files
- ☐ Unwarranted invasion of personal privacy
- ☐ Record is not maintained by this agency
- ☐ Exempted by statute other than the Freedom of Information Law
- ☐ The Freedom of Information Law does not provide access to this information
- ☐ Primary source of information is _____
- ☐ Record to which this agency is legal custodian cannot be found
- ☐ Other (specify) _____

_____

_____ _____

SIGNATURE (Records Access Officer) DATE

Price Per Copy:	Received By:
Number of Copies:	Amount Received:
Amount Due:	Cash / Check / Money Order No:

09/2024