

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

DATE: _____

DEPARTMENT (DIVISION): _____

NAME

PHONE ()

BUSINESS NAME (If applicable)

ADDRESS

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

SIGNATURE:

STOP HERE - FOR OFFICE USE ONLY

APPROVED - You may see and/or copy this (these) record(s) as follows:

DATE: _____ TIME: _____ PLACE: _____

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

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