Village Clerk Office

315/437-3541 FAX 315/463-2150

F.O.I.L. APPLICATION FOR ACCESS OF PUBLI RECORDS To Records Access Officer

Applicant Name/Agency
Address
Phone Number Fax Number
I hereby apply to inspect the following existing record(s):
X
Printed Name Signature Date
NOTE: There is a 25¢ per page fee for copies
[] Approved [] Denied [] Record cannot be found [] Record does not exist or is not maintained by this agency
Copies of denied applications will be mailed to: Committee On Open Government NYS Department of State 41 State Street Albany, NY 12231
You have a right to appeal a denial of this application to the Records Access Officer, who must full explain the reason for such denial in writing within 10 ay of receipt of appeal.
I hereby appeal: X Date

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