

FREEDOM OF INFORMATION LAW (FOIL) REQUEST

OTTO TOWN CLERK
Records Management Officer
8842 OTTO - EAST OTTO ROAD
CATTARAUGUS, NEW YORK 14719

For Agency use only
Record # _____
Received _____
Replied _____

I hereby make application to access the following record(s):

I hereby request to inspect the record at the office.

I hereby request a copy of the record, for which I agree to pay \$0.25 per page and the cost of postage.

Name _____
Representing _____
Mailing Address _____
Phone _____
Signature _____ Date _____

To: Applicant - your request is hereby:

APPROVED _____ Total Charge: \$ _____

Please make checks payable to the Otto Town Clerk and remit payment to the address listed above.

DENIED for the reason checked below:

- _____ Release of information would constitute an unwarranted invasion of personal privacy
_____ Records requested cannot reasonably be located based on description
_____ Record of which this agency is legal custodian cannot be found
_____ Record is not maintained by this agency
_____ Record is exempted by a law other than FOIL _____
_____ Other _____

RECORDS MANAGEMENT OFFICER _____ DATE _____

Any person denied access to records may appeal the denial in writing within 30 days. If you wish to appeal please submit your appeal to the Appeals Officer at the above listed address.

I hereby appeal:

Signature _____ Date _____