TOWN OF NEWARK VALLEY APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: Records Access Officer

109 Whig Street Newark Valley, NY 13811

I HEREBY REQUEST TO INSPECT RECORDS AT TOWN OF NEWARK VALLEY CLERK'S OFFICE I would like to (*Please check a box*): □ Review documents by appointment. □ Have copies made at 25¢ per (regular-sized) page and agree to pay for these copies. (There is no charge if a request is under 4 pages or if it can be provided by email or faxed.) □ I would like an estimate of the number of pages involved in the above request prior to any copies being made. Please describe the record you are requesting. Be specific – especially with dates and time periods: Name (*Please Print*): Daytime Phone: Mailing Address Email (Optional)____ Please circle your preferred method of contact:

Phone

Mai Signature_____ **Mailing Address Email** If we have reproduced records that you have not paid for, this new request will not be processed until the prior request is settled. **FOR AGENCY USE ONLY Approved** _____Number of Copies Responsive to the Request **Denied for Reason(s) checked below:** ____Confidential Disclosure Record of which this Agency is Legal Custodian ____Part of Investigatory Files Cannot be found Unwarranted Invasion of Personal Privacy Exempted by Statute Other than the FOI Law Record is not maintained by this Agency Other (Specify Signature Title Date **APPEALS PROCESS NOTICE TO APPLICANT**: You have the right to appeal a denial of this request by application to the Records Access Officer. A decision will be made in writing with a full explanation within 10 business days from receiving the appeal. _____, hereby appeal my Denied FOIL Request dated: _____ SIGNATURE: _____ Date: _____

ADDRESS: