

APPLICATION FOR PUBLIC ACCESS TO RECORDS

ATTN: RECORDS ACCESS OFFICER/TOWN CLERK
TOWN OF NEWFANE
2896 TRANSIT ROAD, NEWFANE, NEW YORK 14108-9705

DATE: _____

DATE REC'D. BY ACCESS OFFICER: _____

PURSUANT TO FREEDOM OF INFORMATION LAW, I WISH TO INSPECT THE
FOLLOWING RECORD(S): _____

BRIEF EXPLANATION OF REASON OF INTEREST: _____

NAME: _____

ADDRESS: _____

APPLICANT SIGNATURE: _____

THE LAW REQUIRES ACCESS OFFICER TO REPLY WITHIN 5 BUSINESS DAYS.

ACCESS OFFICER REPLY:

_____ The record is available for inspection.

_____ Access denied. Reason: _____

(You may appeal within 30 days of denial.
Appeal must be in writing.)

_____ Request acknowledged. Approx. date access will
be granted or denied: _____

SIGNATURE OF ACCESS OFFICER: _____ DATE: _____

COPIES OF RECORDS WILL BE PROVIDED UPON REQUEST, @ 25 CENTS EACH.
RECEIPT FOR PAYMENT OF COPY FEES @ \$ _____ BY: _____

I ACKNOWLEDGE THAT THE RECORDS REQUESTED HAVE BEEN MADE AVAILABLE
TO ME.

APPLICANT SIGNATURE: _____ DATE: _____
