TOWN OF KENDALL
Tina Palumbo
OFFICE OF THE TOWN CLERK
1873 Kendall Road
P.O. Box 474
Kendall, New York 14476
Tel No: (585) 659-8721 ext. 1 Fax No: (585) 659-8203
www.townofkendallny.gov

Date of Request_____

(Please Print)

Name of Applicant _____

Address _____

Representing _____

Daytime Telephone No _____

I hereby appy to _____ inspect and or _____ copy the following records:

_____

_____

_____

_____

_____

I understand the Records Access Officer must respond to my request within five business days of receipt of written request by making the records available or by denying access in writing, giving the reasons for denial or providing a written acknowledgement of receipt of my request and a statement of the approximate date when the request will be granted.

I also understand and acknowledge that I will be charged a fee of $0.25 per photocopy for documents up to 11" x 17". Fees for copies of other records will be based upon the actual cost of reproduction. Payment must be made at the time copies of records are provided.

Signature of Applicant _____

Return completed application to:

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Kendall, New York 14476

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For Agency Use Only:

_____ Approved
_____ Denied for reason(s) checked below:

- _____ Confidential disclosure
- _____ Part of investigatory files
- _____ Unwarranted invasion of personal privacy
- _____ Record of which this agency is legal custodian cannot be found
- _____ Exempted by statute other than the Freedom of Information Act
- _____ Other (specify) _____

_____ _____ _____
Signature Title Date

NOTICE: You have a right to appeal a denial of this application to the head of this agency, who must fully explain the reasons for such denial in writing within seven days of receipt of an appeal.

I HEREBY APPEAL:

_____ _____
Signature Date