FREEDOM OF INFORMATION LAW REQUEST

To: Records Access Officer, Town of Gorham, PO Box 224,
Gorham, NY 14461 Date _____

I, _____ , _____
PRINT NAME MAILING ADDRESS

_____,
REPRESENTING

do hereby apply (for a copy) (to inspect) the following record(s) at a cost of $.25 per photocopy (9x14). Fees for other records will be charged based on the actual cost of reproduction.

PLEASE EXPLAIN YOUR REQUEST FULLY.

_____

_____

_____

****
****

FOR AGENCY USE ONLY

APPROVED_____ DENIED_____

Reasons for denial:

____Confidential disclosure
____Part of Investigatory Files
____Unwarranted Invasion of Personal Privacy
____Record which this agency has legal custody, but cannot be found
____Record is not maintained by this agency
____Exempted by Statute other than Freedom of Information Act
____Other (specify)

_____
_____

_____
Signature Records Access Officer Date Available

You have a right to appeal a denial of this application to the head of this agency, Dale C. Stell, Supervisor, PO Box 224, Gorham, NY 14461

I Hereby Appeal _____ Date _____