



Town Clerk's Office
TOWN OF RIGA
6460 E. Buffalo Road
P.O. BOX 377
CHURCHVILLE, NEW YORK 14428-0377
(585) 293-3880

RECORDS ACCESS APPLICATION
Under The Freedom Of Information Law

(Please Print)

Date Of Request _____

Name of Applicant _____

Address _____

Representing _____

Daytime Telephone Number _____

Signature of Applicant _____

I hereby apply to ____ inspect and/or ____ copy the following record(s):

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 acknowledgment 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 \$.25 per photocopy for documents up to 9" by 14". 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.

Return completed application to:

Kimberly Pape, Town Clerk

6460 E. Buffalo Road

Churchville, NY 14428

For agency use only:

____ Approved ____ Denied ____ Record not maintained by Town

Date _____ Signature of Records Access Officer _____