Town of Alden
3311 Wende Road
Alden, New York 14004

Application for Public Access to Records

Applicant Name: _____

Address: _____

Phone Number: _____

I hereby request access/copies of the following records

_____

_____

_____

_____

_____

Signature: _____ Date: _____

For Agency Use Only

_____ Application Approved

_____ Application Denied **Reason:**

_____ Confidential Disclosures

_____ Part of Investigation Files

_____ Unwarranted Invasion of Personal Privacy

_____ Record Can Not be Found

_____ Record Not Maintained By This Agency

_____ Exempted By Statute other than Freedom of Information Act

Other: _____

_____

_____

_____

Signature: _____ **Date:** _____

Freedom of Information Officer

Notice: You have the right to appeal a denial of this application to the head of this agency or to the Town Attorney, who must explain in writing, the reason for the denial within seven days.

I HEREBY APPEAL:

Signature: _____ **Date:** _____

Town of Alden
3311 Wende Road
Alden, New York 14004
716-937-6969
www.alden.erie.gov

FOIL Certification of Use of Information

I, _____, of _____,
(Print Name) (Business/Organization)

do hereby certify that the information I am requesting under the Freedom Of Information Law from the Town of Alden Town Clerk will not be used for solicitation or fundraising purposes and will not be passed on to any other person, business, organization, entity or agency for solicitation or fundraising purposes or uses.

Corporate Seal (if applicable) _____ _____
Signature Date

Sworn before me on this

_____ day of _____, 20_____

_____
Notary Public Notary Seal