FREEDOM OF INFORMATION REQUEST FORM

TO: Records Access Officer
Town of Volney
1445 County Route 6
Fulton, NY 13069

Copies of Records will be provided at $.25 per page.

No. of Copies_ @ $.25 =__

I hereby request access to the following records: (where possible please include record dates and other descriptive information.):

_____

_____

_____

_____ _____

Signature Date

_____

Print Name

_____

Representing

_____ _____

Mailing Address Telephone No. (daytime)

_____

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FOR AGENCY USE ONLY

☐ Approved

☐ Denied

- ☐ Confidential Discloser
- ☐ Unwarranted Invasion of Personal Privacy
- ☐ Record of which this agency of legal custodian cannot be found
- ☐ Record is not maintained by this Agency
- ☐ Exempted by statute other than the Freedom of Information Act
- ☐ Part in Investigatory Files
- ☐ Other (Specify) _____
- ☐ _____

_____

Signature Title Date

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Notice: You have a right to appeal a denial of this application to the head of this Agency. Please sign below if you wish to appeal and submit to this Agency.

_____ _____

Signature Address

Revised 2/23/2007