TOWN OF MOUNT HOPE

Freedom of Information Law (FOIL)

Application for Public Access to Records

TO: RECORDS ACCESS OFFICER

Name of Department:_____

Address: 1706 Route 211 West, Otisville, NY 10963

I hereby apply to: **inspect** / **obtain** (circle one) copies of the following record(s) include S.B.L.:

UNDER PENALTY OF LAW, I AFFIRM THAT THIS REQUEST OF DOCUMENTS IS NOT GOING TO BE USED FOR COMMERCIAL PURPOSE.

NOTE: A fee of 25 cents per copy will be charged for all copies requested. Fees for documents larger than 9"X14" (reproduced by a private contractor), data files (discs) and recordings will be charged for the actual cost of reproduction.

Signature:_____ Date:_____ Phone:_____

Print Name:_____ Representing:_____

Mailing Address:_____

FOR AGENCY USE ONLY

Approved____ (answer within 5 business days)

Denied_____ (for the 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 ___Record is not maintained by the Agency

___ Exempted by Statute other than the Freedom of Information Law

___ Other (specify)_____

Signature:_____ Title:_____ Date:_____

NOTE: You have a right to appeal a denial of this application to the head of this agency,

Name:_____ Address:_____

who must fully explain the reason(s) for such denial within seven days of receipt of an appeal.

I hereby appeal this application:

Signature:_____ Date:_____