Town of Arcade
7340 Route 98
Arcade, NY 14009
Phone: (585) 492-4685
Fax: (585) 492-1834

Application for Public Access to Records

Date: _____

To: Michele M. Bijhouwer, **Record Access Officer**

I wish to inspect the following record(s): Identify record you are interested in as clearly as possible.

_____

_____

_____

You may inspect documents first and then ask for copies of the ones you actually want, or you may request that the copies be emailed. Please provide an email address below.

Number of copies requested: _____ Cost of $.25 per one sided/sheet

Signature: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

Email Address: _____

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For Agency Use Only

Approved

Date: _____ Time: _____

Photocopies: Qty. _____ Charge @ $.25 per 8"x11" page _____

DENIED (For the reason(s) checked below)

_____ Exempt by statute other than Freedom of Information
_____ Unwarranted invasion of personal property
_____ Would impair contract awards or collective bargaining agreements
_____ Law enforcement records
_____ Would endanger the life or safety of any person
_____ Interagency or intra-agency materials
_____ Record is not maintained by the agency
_____ Record of which this agency is legal custodian cannot be found
_____ Other (specify) _____

Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Arcade, 7340 Route 98, Arcade, NY 14009.