

Board of Trustees
Village of Black River, New York



REQUEST FOR RECORDS FORM
(Under Freedom of Information Law)

NAME: _____
ADDRESS: _____
PHONE #: _____
EMAIL: _____

HOW YOU WOULD LIKE INFO PROVIDED:
Email ____ Fax ____ Hardcopy ____

FOR OFFICE USE ONLY
Date Received: _____
Date Approved: _____
Amount Due: _____
Auth. Signature: _____

Person requesting records should supply the following information: Date(s); Title(s); File Designations, or any other information that will help find the requested records.

I hereby apply to inspect the following records (A fee of \$0.25 per page will be required):

Within five (5) business days of the receipt of a written request, the agency must; make the record available, deny access in writing giving the reasons for denial, or furnish a written acknowledgement of receipt of the request and issue a statement of the approximate date when the request will be granted or denied.

If denied, reason for denial is checked below:

- ☐ Confidential Disclosure
☐ Unwarranted Invasion of Personal Privacy
☐ Record Of Which This Agency Is Legal Custodian Cannot Be Found
☐ Record Is Not Maintained by This Agency
☐ Exempted By Statute Other Than Freedom of Information
☐ Part Of Investigatory Files
☐ Other (explain): _____

Signature of requestor

Date