F.O.I.L. Records Request Form

Town of Mexico
64 S. Jefferson St. PO Box 98
Mexico, NY 13114-0098
Phone: (315) 963-7633 Fax: (315) 963-8806

Date: _____

To: Nicole Wild, Records Management Officer

I wish to inspect the following record(s):*(Specifically identify records in which you are interested as clearly as possible.)*_____
_____
_____
_____
_____
_____

I wish to:

- ☐ Inspect records in person
- ☐ Receive digital copies via email
- ☐ Mail photo copies

Number of photo copies requested: _____(25¢ per page)

Signature:_____

Printed Name: _____

Address: _____

City/State/Zip:_____

Daytime Phone:_____

Email Address:_____

FOR AGENCY USE ONLY

APPROVED

Date:_____ R.M.O. Signature: _____

Photocopies: Number _____ Charge $_____

DENIED for reason(s) checked below:

_____ Exempted by statue other than Freedom of Information
_____ Unwarranted invasion of personal privacy
_____ Would impair contract awards or collective bargaining agreements
_____ Trade secret; confidential commercial information
_____ 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) _____

Please limit your request to ONE per form to facilitate necessary record keeping.
If request is for a list of names, please complete affidavit on the next page.

State of New York
County of Oswego
Town of Mexico

I, _____ certify that the following documents:
_____
_____
_____
requested per my Freedom of Information Law dated_____
will **not** be used for commercial purposes.

_____
Signature

_____
Print Name

_____
Date

Subscribed and sworn before me on this
_____ day of _____,
_____.

_____
Notary Public