

TOWN OF RIDGEWAY...  
410 WEST AVE.  
MEDINA, NEW YORK 14103  
Phone: (585) 798-0730

**APPLICATION FOR PUBLIC ACCESS TO RECORDS**

Date: \_\_\_\_\_

To: **Records Access Officer**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may inspect documents first and then ask for copies of the ones you actually want.  
Number of Copies requested: (\$.25 per copy)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

=====

**FOR AGENCY USE ONLY**

APPROVED

Date \_\_\_\_\_ Time \_\_\_\_\_

Photocopies: Number \_\_\_\_\_ Charge \_\_\_\_\_

DENIED (for the reason(s) checked below)

- Exempted by statute 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 this 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 Town Board of the Town of Somewhere, 123 Welcome Road, Somewhere, NY 12345.

**FOR INTERNAL USE**

DATE REQUEST RECEIVED by RMO: \_\_\_\_\_  
 Received/Reviewed by: \_\_\_\_\_  
 Department Holding Records: \_\_\_\_\_  
 Date 5 Day Letter Due: \_\_\_\_\_  
 Due Date for Fulfillment: \_\_\_\_\_

Request Forwarded to \_\_\_\_\_ Department  
 Date: \_\_\_\_\_  
 Attention: \_\_\_\_\_

Date Five (5) Day Response Sent: \_\_\_\_\_ Fee Amount: \_\_\_\_\_  
 Fulfillment Time/Comments: \_\_\_\_\_

Date Fee Received: \_\_\_\_\_  
 Number of Copies @ \$.25 each \_\_\_\_\_ Fee Amount: \_\_\_\_\_  
 Fulfillment Time/Comments: \_\_\_\_\_

Sent by/Picked-up by: \_\_\_\_\_  
 (Signature of staff person who mailed information or person picking up)  
 Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_