

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: _____