

TOWN OF HORICON
PO Box 90, 6604 State Rt. 8
Brant Lake, NY 12815
Phone: (518) 494-4643 / Fax: (58) 494-7721
tohtownclerk@yahoo.com

APPLICATION TO EXAMINE PUBLIC RECORDS AND/OR REQUEST FOR INFORMATION
Freedom of Information Law

Date of Request: _____

To: Records Management Officer

I wish to inspect or obtain copies of the following record(s) or document(s): (Identify records you are requesting as clearly as possible.)

Unless a different fee is prescribed by law, the charge is \$0.25 per copy up to 9 by 14 inches. Fees for copies of other records may be charged based upon the actual cost or reproduction. If requested, documents may be provided electronically at no charge when possible.

Number of copies requested: _____ (\$0.25/copy) Total Charge: _____

I CERTIFY that the only purpose of my request is to gather information, and that it will not be used for any private, commercial, fund raising, or other purpose.

SIGNATURE: _____

NAME: _____

ADDRESS: _____

CITY/ST/ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

If you are requesting copies please indicate how they are to be sent: ___ Mail ___ E-mail ___ Fax

FOR RMO USE ONLY

APPROVED

Date of response to request: (must be within 5 business days) _____

Date Records provided: _____ Via: _____

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 Secrets; 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 to the Supervisor of the Town of Horicon, PO Box 90, Brant Lake, NY 12815 or townofhoricon@yahoo.com.