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

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.)

based upon the actual co	ost or reproduction. If requ	ge is \$0.25 per copy up to 9 by 14 ested, documents may be provide (\$0.25/copy) Total Charg	ed electronically at no chai	, .
I CERTIFY that the only purp	oose of my request is to gather	information, and that it will not be us	ed for any private, commercia	al, fund raising, or other purpose.
SIGNATURE:				
NAME:				
NAME:				

Submit request form to: Town Clerk, PO Box 90, Brant Lake, NY 12815, or by email to townclerk@horiconny.gov

FOR RMO USE ONLY

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

Date Records provided:______ Via: ______

DENIED (for the reason(s) checked below)

- _____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.