**REQUEST FOR INFORMATION**

**Town Use Only:**

\_\_\_\_ # of copies

$ Amount

Freedom of Information Law

Effective January 1, 1978

To: Town Clerk, Town of Dryden

93 East Main Street, Dryden, New York 13053

I HEREBY APPLY: (check one)

To inspect the following records:

For copies of the following records at a cost of $.25 per page:

\_\_\_\_\_\_\_\_\_\_\_\_ Digital copy (storage device provided by me)

Records Description:

I understand that the Town of Dryden has five (5) days to act on this request, and if approved, an additional ten (10) days to provide the requested material.

Printed Name Address

Signature City, State, Zip

Representing Contact phone #

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

**TOWN USE ONLY**

Date Received: \_\_\_\_\_\_\_\_\_ APPROVED \_\_\_\_\_\_\_ DENIED \_\_\_\_\_ for the reason(s) checked below

\_\_\_\_ Confidential Disclosure \_\_\_\_ Part of Investigatory Files

\_\_\_\_ Unwarranted Invasion of Personal Privacy \_\_\_\_ Exempted by Statute Other than FOIL

\_\_\_\_ Other (specify)

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Signature Title Date

NOTICE: Should your request be denied, you have thirty (30) days in which to file an appeal with the Records Access Officer of the Town of Dryden, who must fully explain his/her reasons for such denial in writing within seven (7) days of receipt of an appeal.