

REQUEST FOR INFORMATION

Freedom of Information Law

Effective January 1, 1978

Town Use Only:

_____ # of copies

\$_____ Amount

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) _____

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.