

TOWN OF ELBA
7 Maple Avenue, PO Box 295
Elba, NY 14058
(585) 757-2762, Ext. 4

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date: _____

To: Debra D. Mosier, 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) _____