FREEDOM OF INFORMATION REQUEST

FAX: (585) 928-2045

EMAIL: boltwnclerk@yahoo.com

To: TOWN OF BOLIVAR
252 MAIN ST.
BOLIVAR, NY 14715

I hereby apply to access the following record:

_____

_____

_____

_____

☐ I hereby request to inspect the record.

☐ I hereby request a copy of the record, for which I agree to pay $.25 per page.

_____ _____

Name Signature

_____ _____

Representing Date

_____

Mailing Address

For Agency Use Only

☐ Approved. Record consists of _____pages. Please call_____at_____ to schedule an appointment to inspect the records. A copy will be available upon receipt of _____. If you wish a copy to be mailed to you, please include an additional_____for postage.

☐ Denied.

☐ Record of which this agency is legal custodian cannot be found.

☐ Record is not maintained by this agency.

☐ Records have been (partially, fully) provided. (If not fully provided, date when records are expected to be fully provided: _____)

☐ Explanation: _____

_____

_____ _____

Official Date

NOTICE: You have a right to appeal a denial of this application. A complete explanation of the reasons for such denial will be sent to the above address within seven days of receipt of a request of an appeal. If you wish to appeal, please submit your appeal by signing and dating below:

I hereby appeal:

_____ _____

Signature Date

Link to the FOIL Law - http://www.dos.ny.gov/coog/foil2.html