

TOWN OF VAN ETTEN
6 GEE STREET, PO BOX 177
VAN ETTEN, NY 14889
607.589.4435

Application for Access to Records Freedom of Information Law (FOIL)

I do hereby apply to inspect obtain a copy of the following records(s):*

Name (please print)

Signature

Mailing Address

Date

City, State, Zip Code

Representing (if applicable)

*There is no charge for the inspection of documents, however, if duplication is requested, a charge of \$.25 per page or the actual cost to reproduce other records, will be assessed.

Send request to:

Town of Van Etten, Town Clerk
PO Box 177, Van Etten, NY 14889

FOR DEPARTMENTAL USE ONLY

Denial of Access:

I hereby certify that access has been denied to the applicant for the reason(s) checked below:

- Exempt by other statute Confidential Disclosure
 Part of investigatory files Unwarranted invasion of personal privacy
 Not specifically named as available under any statute
 Other _____

You have the right to appeal denial of this application by writing, within thirty (30) days to the Town of Van Etten Supervisor, PO Box 177, Van Etten, NY 14889

Search Certification:

I certify that a proper search has been conducted for the records requested and they cannot be found.

Correctness Certification

I certify that the copies attached are correct copies of the records requested by the applicant.

Name

Signature

Title

Date

Cost of Copies: Number of pages _____ Cost per page _____ Total Cost _____

Checks should be made payable to Town of Van Etten

Payment received by: _____ Title: _____ Date: _____ Receipt #: _____