

Town of North Dansville

14 Clara Barton Street
Dansville, NY 14437

Freedom of Information Act Request Form

To: Records Management Office
Department of TOWN CLERK

Date: _____

Name: _____ Phone: _____

Business / Organization Name (if any): _____

Address: _____

E-Mail Address: _____

Description of Records Sought: _____

Signature: _____

BELOW IS FOR OFFICE USE ONLY

APPROVED – You may see and/or copy this (these) records as follows:

Date: _____ Time: _____ Place: _____

DENIED – For the reason(s) checked below:

- Confidential Disclosure.
- Part of investigatory files.
- Unwarranted invasion of personal privacy.
- Record is not maintained by this agency.
- Exempt by statute other than the Freedom of Information Law.
- Primary source of information is _____
- Record to which the agency is legal custodian cannot be found.
- Other (specify) _____

Signature (Records Management Officer)

Date

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