



TOWN OF
Ogden
COUNTY OF MONROE
STATE OF NEW YORK

RECORDS ACCESS APPLICATION
Under The Freedom Of Information Law

(Please Print)

Name of Applicant _____

Address _____

Date of Request _____ Daytime Telephone Number _____

Signature of Applicant _____

I hereby apply to _____ inspect and/or _____ copy the following record(s):

Include as much detail about the record as possible; such as relevant dates, names, descriptions, etc.

Return completed application to:

NOTE: There is a 25¢ charge
for copying records

Lynn Bianchi, Town Clerk
269 Ogden Center Road
Spencerport, NY 14559

For agency use only
____ Approved _____ Denied _____ Record not maintained by the Town

Date _____ Signature of Records Access Office _____

For appeal use

If you wish to appeal the Records Access Officer's decision on your application for public access to records, sign below and send this form within 30 days to:

Town of Ogden, 269 Ogden Center Road, Spencerport, NY 14559 Attn: Dan Schum, Town Attorney

I hereby appeal:

Signature _____

If you mail, please have your Signature **Notarized**

Date _____

Sworn before me this _____ day of _____ 20____

Notary Signature _____