

TOWN OF WILLING
APPLICATION FOR PUBLIC ACCESS TO RECORDS
Freedom of Information Law
(F.O.I.L.)

FAX: (585) 593-0510

Records Access Officer: Deborah Buchholz

Email Address for **Records Access Officer:** debbietw0228@gmail.com

Records Access Committee:

Chairperson Ron Wightman, Members: Justin Ellison and Mark Wiedemann

Mailing Address:

Town of Willing
1431 State Route 19 South
Wellsville NY 14895

Record # _____

I hereby apply to access the following record: (Be Specific, if we cannot determine what records (s) you seek your application will be denied.)

_____ I hereby request to inspect the record.

_____ I hereby request a copy of the record, for which I agree to pay \$.25 per page (Cash or check payable to "The Town of Willing")

_____ I hereby request a copy by email; please leave your email address: _____

_____	_____
Name	Signature
_____	_____
Representing	Date

Mailing Address

For Agency use only

_____ **Approved.** Record consists of _____ pages. Please call **Tuesdays** from **11an-6pm** to schedule an appointment to **inspect** the records with a committee member present. (585) 593-3210.

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 due to:**

___ Request needs to be more specific, cannot determine record requested

___ Records not possessed by the Town of Willing

___ After diligent search, there are no known documents that are responsive to your request

___ Municipalities are not required to respond to questions or inquiries, only to provide documents

___ Exempted by statute other than the Freedom of Information Law

___ Unwarranted invasion of personal privacy

___ Would impair present or imminent contract awards

___ Law Enforcement records

___ Complainant's name cannot be disclosed pursuant to the Public Officers Law Article 6A and Sec. 89-2(a)

___ Would endanger the life or safety of any person

