

FREEDOM OF INFORMATION REQUEST FORM

To: Town Clerk

Town of East Otto
9407 Bowen Road
East Otto, NY 14729
eastottoclerk@gmail.com

From:

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

Check applicable box:

I hereby apply to inspect the following record(s) and recognize that an inspection time during normal Town of East Otto business hours will be communicated to me in writing. I further recognize that I will only be allowed to inspect requested records while under the supervision of the Town Clerk. If at any time the Town Clerk feels the records are at risk, inspection will be terminated.

I hereby apply to receive a copy of the following record(s) and recognize that I will be charged \$0.35 per copy page which shall be payable prior to the release of the copies.

Approved

Denied

Confidential Disclosure

Part of Investigatory Files

Unwarranted Invasion of Personal Privacy

Record of which this Town is Legal Custodian cannot be found

Record is not maintained by this Town

Exempt by Statute other than the Freedom of Information Act

Other _____

Fee Charged

Amount Paid

Town Clerk

Date