## TOWN OF MINA

## FREEDOM OF INFORMATION LAW APPLICATION FOR PUBLIC ACCESS TO RECORDS

Name of Applicant			<u> </u>	
Address				
Date of request	Daytime	e Telepho	ne Number	
Signature of Applicant			*)	
I hereby apply to	_ inspect and/or t	for	copy the foll	lowing record:
Include as much detail abo	ut the record as j	possible:	e: relevant date	es, names, descriptions etc.
Return completed applica	ation to:	NOTE	There is a 25¢	charge per copy
Records Management Offic Sherrie R. Tanner 2883 North Rd., PO Box 3 Findley Lake NY 14736	cer 8		charge for cop	<del>-</del> :
REASON DENIED  Date Signatur	e of Records Ac	cess Offic	eer	tained by the Town  ***********************************
NOTICE: You have a right explain his reasons for sucl I hereby wish to appeal:				he head of the agency who must ipt of an appeal.
Signature Dated	(If you mail,	please ha	ve your Signatu	re Notarized)
Sworn to be before me this	day of		, 20	
Notary Signature		=		
Internal use only: Numb Person filing order		de	_	