RECIEVED REQUESTED INFORMATION NAME: _____ DATE: _____

Town of Palmyra

Attn: Town Clerk / Records Officer
1180 Canandaigua RD
Palmyra NY 14522
(315) 597-5521

Application for Public Access to Records, Including FOIL Requests

REQUESTOR

NAME: _____ **PHONE:** _____

ADDRESS: _____

I hereby apply to request copies of/ or inspect the following record:

_____

_____

_____

_____

Please check here if you would like copies: _____ Quantity: _____
(Copies are $.25/page)

I understand that if the information requested is not always easily obtainable, and that if after a couple hours of research a further search is required, a fee of $15.00 per hour will be assigned. This does not guarantee we will be able to locate the requested item. This is an addition to the per page copy fee stated above.

What is the maximum dollar amount you are willing to pay for copies? $_____

If necessary, what is the maximum dollar amount you are willing to pay for search? $ _____

I CERTIFY THAT THE PURPOSE OF THE REQUEST IS NOT TO OBTAIN NAMES & ADDRESSES FOR COMMERCIAL OR FUND-RAISING PURPOSES.

SIGNATURE: _____ **DATE:** _____

PALMYRA TOWN REPRESENTATIVE

APPROVED: _____

DENIED FOR REASON BELOW:

___Confidential disclosure
___Unwarranted invasion of personal privacy
___Part of investigatory files
___Exempted by statute other than FOIA
____Record of which this agency is legal custodian cannot be found.
____Record is not maintained by this agency.
____**OTHER:** _____

NAME: _____ **TITLE:** _____ **DATE:** _____

NOTICE TO REQUESOR: You have the right to appeal a denial of this application to the Town Board, Palmyra Town Hall, 1180 Canandaigua Rd, Palmyra NY 14522

I hereby appeal: NAME: _____ DATE: _____