TOWN OF GALEN
6 South Park St
Clyde, NY 14433
Phone: (315) 923-7259

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date: _____

To: Galen Town Clerk, Records Access Officer

I wish to inspect the following record(s): (Identify records you are interested in as clearly as possible.)

_____

_____

_____

_____

_____

_____

_____

You may inspect documents first and then ask for copies of the ones you actually want.
Number of Copies requested: ($.25 per copy)

Signature: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

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FOR AGENCY USE ONLY

APPROVED
Date _____ Time _____

Photocopies: Number _____ Charge _____

DENIED (for the reason(s) checked below)

____ Exempted by statute other than Freedom of Information
____ Unwarranted invasion of personal privacy
____ Would impair contract awards or collective bargaining agreements
____ Trade secret; confidential commercial information
____ Law enforcement records
____ Would endanger the life or safety of any person
____ Interagency or intra-agency materials
____ Record is not maintained by this agency
____ Record of which this agency is legal custodian cannot be found
____ Other (specify)

Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Town Board of the Town of Galen, 6 South Park St. Clyde, NY 14433

FOR INTERNAL USE

DATE REQUEST RECEIVED by RMO: _____

Received/Reviewed by: _____

Department Holding Records: _____

Date 5 Day Letter Due: _____

Due Date for Fulfillment: _____

Request Forwarded to _____ Department

Date: _____

Attention: _____

Date Five (5) Day Response Sent: _____ Fee Amount: _____

Fulfillment Time/Comments: _____

Date Fee Received: _____

Number of Copies @ $.25 each _____ Fee Amount: _____

Fulfillment Time/Comments: _____

Sent by/Picked-up by: _____

(Signature of staff person who mailed information or person picking up)

Date: _____

Print Name: _____