

TOWN OF CONCORD
86 FRANKLIN ST.
PO BOX 368
SPRINGVILLE, NY 14141

REQUEST FOR EXAMINATION

TO: Record Access Officer (Town Clerk)
Town of Concord
Springville, NY 14141

I hereby make application to examine the following record:

SIGNATURE: _____

Must be identified as a Natural Person or Legal Entity

ADDRESS: _____

PHONE: _____

EMAIL: _____

DATE: _____

FOR TOWN USE ONLY:

APPROVED

DENIED – for the reason(s) checked below:

- Confidential Disclosure
- Part of Investigatory Files
- Unwarranted Invasion of Personal Privacy
- Record of Which Town is Legal Custodian Cannot Be Found
- Record is not Maintained by Town
- Exempted by Statute other than Freedom of Information Act
- Other (Specify) _____

I hereby certify that the records requested have been provided in accordance with the foregoing requests.

SIGNATURE _____

TITLE _____

DATE: _____

NOTIFIED _____

PICKED UP _____

PAID _____

NOTICE: You have the right to appeal denial of this Application to the head of this agency that must fully explain the reasons for denial in writing within seven (7) days of receipt of this appeal.

I HEREBY APPEAL

SIGNATURE _____

DATE: _____