

Town of Concord

County of Erie Town Hall
86 Franklin Street P O 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 _____ Date _____
Representing _____

Mailing Address _____

FOR TOWN USE:

_____ 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 can't be found
- _____ Record is not maintained by Town
- _____ Exempted by Statute other than Freedom of Information Act
- _____ Other (specify) _____

Signature _____ Title _____ Date _____

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

Signature _____ 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 his reasons for denial in writing within seven (7) days of receipt of this appeal.

I hereby appeal _____

Signature _____ Date _____