TOWN OF LANCASTER
APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER

Name or Title of Officer

I hereby apply to inspect the following record:


Signature

Date

Print Name

Phone No.

Mailing Address

Email Address

FOR TOWN USE ONLY

APPROVED ☐

DENIED (for the reason(s) checked below)

☐ Confidential disclosure ☐ Part of investigatory files

☐ Unwarranted invasion of personal privacy

☐ Record cannot be found using the manual and electronic search indexes maintained by this office

☐ Request does not reasonably describe an identifiable record

☐ Record is not maintained by this officer

☐ Request is for an inter-agency or intra-agency communication exempt from disclosure

☐ Request necessitates the creation of a report or record rather than the production of an existing record

☐ Exempted by statute other than the Freedom of Information Act

☐ Request is for information or an answer to a question NOT a record

☐ Other (specify) __________________________

Signature

Title

Date

NAME: LANCASTER TOWN ATTORNEY, 21 Central Avenue, Lancaster, New York 14086 684-3342

Business Address

Who must fully explain his reasons for such denial in writing seven days of receipt of an appeal.

I Hereby Appeal:

Signature

Date

WHITE: TOWN'S COPY   YELLOW: REQUESTOR'S COPY