Town of Clarkson 3710 Lake Rd

PO Box 858

Clarkson, NY 14430

(585) 637-1130

(585) 637-1138

Send FOIL requests to: townclerk@clarksonny.org

# **Application for Access to Public Records**

Date requested: Name of Applicant: \_\_\_\_\_\_\_\_\_

Applicant Mailing address:

Applicant Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Records requested (please be as specific as possible):

Relation to person in cases of marriage records;

Approved: \_\_\_\_\_\_\_\_Denied:

Reason for denial:

Number of copies: Received at $.25 per copy $ \_ Date of Response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Paid date:

\*'Note: The Freedom of Information Law requires that within five business days of the receipt of a written request for a record reasonably described, the "agency" must make the record available, deny access in writing giving the reasons for denial, or furnish a written acknowledgement of receipt of the request and a statement of the approximate date when the request will be granted or denied.

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