

# FREEDOM OF INFORMATION LAW REQUEST

To: Records Access Officer, Town of Gorham, PO Box 224,  
Gorham, NY 14461

Date \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_  
PRINT NAME MAILING ADDRESS

\_\_\_\_\_  
REPRESENTING

do hereby apply (for a copy) (to inspect) the following record(s) at a cost of \$.25 per photocopy (9x14). Fees for other records will be charged based on the actual cost of reproduction.

PLEASE EXPLAIN YOUR REQUEST FULLY.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## FOR AGENCY USE ONLY

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

Reasons for denial:

- \_\_\_ Confidential disclosure
- \_\_\_ Part of Investigatory Files
- \_\_\_ Unwarranted Invasion of Personal Privacy
- \_\_\_ Record which this agency has legal custody, but cannot be found
- \_\_\_ Record is not maintained by this agency
- \_\_\_ Exempted by Statute other than Freedom of Information Act
- \_\_\_ Other (specify)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Records Access Officer

\_\_\_\_\_  
Date Available

You have a right to appeal a denial of this application to the head of this agency, Dale C. Stell, Supervisor, PO Box 224, Gorham, NY 14461

I Hereby Appeal \_\_\_\_\_ Date \_\_\_\_\_