

TOWN OF GEDDES
FREEDOM OF INFORMATION LAW:
APPLICATION FOR PUBLIC ACCESS TO RECORDS
(Please print clearly)

TO: Town Clerk
Town Hall
1000 Woods Road
Solvay, New York 13209

I hereby apply to inspect the records of the Town of Geddes'
[department/agency/individual] listed below:

Records requested (be as specific as possible; use back of form, if necessary)

Purpose for which records are requested: _____

Name: _____ Phone: _____
(Self/Organization represented)

Resident address: _____

Mailing address: _____

Signature: _____ Date: _____

FOR AGENCY USE ONLY

- | | |
|--|---|
| <input type="radio"/> APPROVED | <input type="radio"/> DENIED |
| <input type="radio"/> RECORD CANNOT BE FOUND | <input type="radio"/> RECORD NOT MAINTAINED BY AGENCY |

SIGNATURE _____ DATE _____

-----DETACH-----

NOTICE TO APPLICANT: You have a right to appeal a denial of this application to the Town Board of the Town of Geddes within 30 days of this denial, which Board must fully explain its reasons for such denial in writing within 10 days of an appeal. Failure to do so constitutes a denial of your appeal.

I hereby appeal:

Name: _____ Signature: _____

Address: _____ Date: _____