Town of Geddes

1000 Woods Road Solvay, NY 13209 Phone (315) 468-3600 Fax (315) 487-5721

Email townclerk@townofgeddes.com

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date:			
To: Alison Dorchester, I	Records Access Officer		
please indicate the prope and then request copies	erty address and/or tax ID num for \$.25 per page. Any person f the denial. Such appeals sho	n as clearly as possible. When applicable ber. You may inspect the documents first a denied access to records may appeal the buld be addressed to the Supervisor of the	
I wish to inspect the follo	owing documents and the reaso	on needed:	
I, the undersigned, certisoliciting, fundraising, Signature:	or passed on to others.	<u>not</u> be used for commercial purposes ,	
Printed Name:			
Address:			
City/State/Zip:			
•	Fax:		
E-Mail Address	1 ax.		
Office use only			
Sent to Department: Date	e		
Assessor	Town Clerk	Planning & Development	
Supervisor	Code Enforcement	Town Attorney	
Town Engineer	Town Manager	Highway Dept	
Justice Courts	Geddes Police Dept	Other	

FOR AGENCY USE ONLY

Five Day Letter completed by (name):		
Five Day Letter mailed (date):			
FOIL completed by (name):			
Date/Time completed:			
Number of copies:	Charge:		
Number of Hrs/Rate	Charge:		
	Total:		
Copies Mailed:	Faxed:		
PDF'd:			
DENIED Exempted by Statute other thanUnwanted invasion of personalWould impair contract awards ofTrade secret; confidential commLaw enforcement recordsWould endanger the life or safeInteragency or intra-agency matRecord of which this agency is confidential comm	privacy of collective bargaining agreements nercial information ty of another person terials legal custodian cannot be found		
Communication notes:			