

Village Of Dansville

14 Clara Barton Street

Dansville, NY 14437

Ph: (585) 335-5330 Fax: (585)335-4120

APPLICATION FOR PUBLIC ACCESS TO RECORDS

(F.O.I.L. – Freedom of Information Act Request Form)

Date: ___/___/___

Description of Records Sought: (Be specific give full names, alias, etc.)

Name of person requesting F.O.I.L: _____

Organization (If Any): _____

Full Address: _____

Email Address: _____

Signature: _____

Once your F.O.I.L. request has been reviewed, and if such records exist, copies are \$.25 per page. Full payment is required before records are released. If you are denied access and are dissatisfied with this determination, please submit a written appeal and a copy of this form to:

Village Clerk's Office
14 Clara Barton Street
Dansville, NY 14437
jnolan@villageofdansvilleny.us



FOR OFFICE USE ONLY

Denial of Access

I hereby certify that access has been denied to the applicant for the following reason(s):

- | | |
|------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Exempt by other statute | <input type="checkbox"/> Confidential disclosure |
| <input type="checkbox"/> Part of investigatory files | <input type="checkbox"/> Unwarranted invasion of personal privacy |
| <input type="checkbox"/> Case currently active | <input type="checkbox"/> Case sealed by statute |
| <input type="checkbox"/> Other _____ | |

Signature: _____ Title: _____ Date: _____