

VILLAGE OF DANSVILLE
APPLICATION FOR PUBLIC ACCESS TO RECORDS
(F.O.I.L – Freedom of Information Act Request Form)

APPLICANT CONTACT INFORMATION

Name: _____
Address: _____

Phone: _____
Email: _____

RECORDS DESCRIPTION

Signature: _____

Please return completed form to:
Jessica Nolan
Records Access Officer
14 Clara Barton Street, Dansville, NY 14437
jnolan@villageofdansvillenyny.gov

Upon return of the records, a 25-cent per page copy fee will be applied. Additional fees may be added if other media are required for the release of the document. Full payment is required before records are released.

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FOR OFFICE USE ONLY

Denial of Access

I hereby certify that access has been denied to the applicant for the following reasons:

| | |
|--|---|
| <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: _____