

Town of Franklinville
Application For Public Access To Records
FAX: (716) 676-5261

To: Town of Franklinville Clerk
Records Access Officer
11 Park Square, PO Box 146
Franklinville, New York 14737

For Agency Use Only
Record # _____

I hereby apply to access the following record(s):

- I hereby request to inspect the record
- I hereby request a copy of the record, for which I agree to pay \$.25 per page.

Name Signature

Organization, if applicable Date

Mailing Address

For Agency Use Only

- Approved. Record consists of _____ pages. Please call _____ at _____ to schedule an appointment to inspect the records. A copy will be available upon receipt of \$_____. If you wish a copy to be mailed to you, please include an additional \$_____ for postage.
- Denied.
- Record of which this agency is legal custodian cannot be found.
- Record is not maintained by this agency.
- Records have been (partially, fully) provided. (If not fully provided, date when records are expected to be fully provided: _____)
- Explanation: _____

Records Access Officer Date

NOTICE: You have a right to appeal a denial of this application to the Appeals Officer, who must fully explain the reasons for such denial in writing within seven days of receipt of an appeal. If you wish to appeal, please submit your appeal to the Appeals Officer:

Town of Franklinville Clerk
Records Appeals Officer
11 Park Square, PO Box 146
Franklinville, New York 14737

I hereby appeal:

Signature

Date: _____