

**FREEDOM OF INFORMATION REQUEST FORM**

TO: Records Access Officer  
Town of Volney  
1445 County Route 6  
Fulton, NY 13069

Copies of Records will be  
provided at \$.25 per page.

No. of Copies \_ @ \$.25 = \_\_

I hereby request access to the following records: (where possible  
please include record dates and other descriptive information.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Representing

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone No. (daytime)

\*\*\*\*\*

**FOR AGENCY USE ONLY**

- Approved
- Denied
  - Confidential Discloser
  - Unwarranted Invasion of Personal Privacy
  - Record of which this agency of legal custodian cannot be found
  - Record is not maintained by this Agency
  - Exempted by statute other than the Freedom of Information Act
  - Part in Investigatory Files
  - Other (Specify) \_\_\_\_\_
  - \_\_\_\_\_

\_\_\_\_\_  
Signature Title Date

\*\*\*\*\*

Notice: You have a right to appeal a denial of this application to the head of this Agency. Please sign below if you wish to appeal and submit to this Agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address