

Town of Arcade
7340 Route 98
Arcade, NY 14009
Phone: (585) 492-4685
Fax: (585) 492-1834

Application for Public Access to Records

Date: _____

To: Michele M. Bijhouwer, **Record Access Officer**

I wish to inspect the following record(s): Identify record you are interested in as clearly as possible.

You may inspect documents first and then ask for copies of the ones you actually want, or you may request that the copies be emailed. Please provide an email address below.

Number of copies requested: _____ Cost of \$.25 per one sided/sheet

Signature: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

Email Address: _____

For Agency Use Only

Approved

Date: _____ Time: _____

Photocopies: Qty. _____ Charge @ \$.25 per 8"x11" page _____

DENIED (For the reason(s) checked below)

- Exempt by statute other than Freedom of Information
- Unwarranted invasion of personal property
- Would impair contract awards or collective bargaining agreements
- Law enforcement records
- Would endanger the life or safety of any person
- Interagency or intra-agency materials
- Record is not maintained by the agency
- Record of which this agency is legal custodian cannot be found
- Other (specify) _____