

TOWN OF MINA
FREEDOM OF INFORMATION LAW
APPLICATION FOR PUBLIC ACCESS TO RECORDS

Name of Applicant _____
Address _____
Date of request _____ Daytime Telephone Number _____
Signature of Applicant _____
I hereby apply to _____ inspect and/or for _____ copy the following record:

Include as much detail about the record as possible: ie: relevant dates, names, descriptions etc.

Return completed application to:
Records Management Officer
Sherrie R. Tanner
2883 North Rd., PO Box 38
Findley Lake NY 14736

NOTE: There is a 25¢ charge per copy
charge for copying records

For agency use only
____ Approved ____ Denied ____ Record not maintained by the Town

REASON DENIED _____
Date _____ Signature of Records Access Officer _____

NOTICE: You have a right to appeal a denial of this application to the head of the agency who must explain his reasons for such denial in writing within 10 days of receipt of an appeal.

I hereby wish to appeal:

Signature (If you mail, please have your Signature Notarized)

Dated _____

Sworn to be before me this ____ day of _____, 20__.

Notary Signature

Internal use only: Number of copies made _____ Person filing order _____
