



Town of Victor
85 East Main Street
Victor, NY 14564
585-742-5080 Fax 585-924-0202
Townclerk@town-victor-ny.us

APPLICATION FOR PUBLIC ACCESS TO RECORDS
FREEDOM OF INFORMATION LAW

TO: Records Access Officer

Date of request: _____

I hereby apply to: Inspect Obtain Copies: of the following record(s):

If request pertains to property, please complete the following:

Residential

Address of Request: _____

Commercial

(Specifics)

- Within five (5) business days of the request: the record(s) will be available; OR written acknowledgment of the request and a statement of the approximate date the requested information will be available or denied; OR an explanation of denial in writing.

- Records may be emailed upon request. If the requested records cannot be emailed, notification will be sent as to the options available for obtaining the records.

- There is a \$.25 copying charge for standard copies made. Additional charges apply for large documents (actual cost of reproduction), tapes, CDs, or photographs.

- Records may be inspected, picked up in person, or mailed to applicant. If mailed, postage will be charged.

Signature

Name – Please Print

Mailing Address

Representing (if applicable)

Email address

Phone number

OFFICE USE ONLY

Approved

Denied, for reason(s) checked below:

Confidential Disclosure

Exempted by Statute other than Freedom of Information Act

Part of Investigatory Files

Record of which this Agency is Legal Custodian cannot be located

Record not maintained by this Agency

Unwarranted Invasion of Personal Privacy

Other _____

Records Access Officer: _____

Date: _____

Task Time: _____

Cost: _____