FREEDOM OF INFORMATION REQUEST FORM

Department: __________________________ Contact Person: __________________________

To: Records Access Officer
   Town Clerk’s Office
   townclerk@ontariotown.org

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

Please provide the following information for record(s) requested:
Dates, titles, names, address:

____________________________________________________________________________________
____________________________________________________________________________________

___________________________________
Signature

___________________________________
Address

___________________________________
Phone Number

___________________________________
Date

Approved    Yes_______    No_______

Denied for reason(s) listed below:
___Confidential Disclosure
___Unwarranted Invasion of personal privacy
___Part of Investigatory Files
___Record is not maintained by this Office
___Exempted by Statute other than the Freedom of Information Act
___Would Impair contract awards or collective bargaining agreements
___Law enforcement records
___Interagency of intra-agency materials
___Trade secret; confidential commercial information
___Other (specify) __________________________

_______________________________________
Signature, Title, Date

Notice: You have a right to appeal a denial of this application to the head of this agency. Such appeals should be addressed to the Supervisor of the Town of Ontario, 1850 Ridge Rd., Ontario, NY 14519