

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
