TOWN OF SENECA FALLS
REQUEST TO VIEW PUBLIC RECORDS
UNDER FREEDOM OF INFORMATION LAW

TO: RECORDS ACCESS OFFICER FOR THE TOWN OF SENECA FALLS

I HEREBY REQUEST THE FOLLOWING INFORMATION: (Please Print)

_____

_____

_____

Copies: Yes_____ No _____
Number of Copies: _____
($.25 Per Page)

Name: _____ _____
(Print) (Signature)
Mailing Address: _____
Phone Number: _____
Date: _____ Time:_____

FOR AGENCY USE ONLY

Date Received: _____

Approved: _____
Denied: _____ Reason for Denial:_____

Number of Pages Copied: _____ (Up to 8-1/4 by 14 inches)
Total Fee ($.25 per page): $_____

NOTICE: You have a right to appeal a denial of this application to the head of this agency:

Nicaletta J. Greer
Seneca Falls Town Clerk
81 W. Bayard St.
Seneca Falls, NY 13148

Who must fully explain in writing within seven (7) days in receipt of the appeal.

I HEREBY APPEAL:_____ _____
Signature Date

Records are available during regular Business Hours: Monday – Friday, 9:00 AM – 5:00 PM

NOTE: ACCORDING TO STATE LAW, THIS AGENCY HAS FIVE (5) WORKING DAYS TO RESPOND TO THIS REQUEST.