

TOWN OF ROTTERDAM

1100 Sunrise Boulevard
Rotterdam, NY 12306
Phone: (518) 355-7575 Ext. 352
Fax: (518) 355-7837

**Freedom of Information Law Request
Application for Public Access to Records**

Date: _____

To: Diane Marco, Records Access Officer

I am seeking access to the following record(s): **(Please identify records you are interested in as clearly as possible.)** _____

I wish to: _____ **Receive Copies of Related Documents (If cost exceeds \$25 you will be contacted prior to copying the records)**
_____ **Inspect the Records in Person prior to requesting copies**

There is a statutory fee of \$.25 per page, and oversize copies are actual cost of reproduction. Documents available electronically may be transmitted at no charge.

Applicant's Printed Name: _____

Phone Number: _____

Alternate Phone Number: _____

Mailing Address: _____

Email (if requesting and electronic transmittal is available): _____

Signature: _____

Date: _____

Agency Use Only

APPROVED

Date: _____

Time: _____

Charge: _____

DENIED (for the reason(s) checked below)

- Law enforcement records
- Interagency or intra-agency materials
- Record was not maintained by this agency
- Unwarranted invasion of personal privacy
- Would endanger the life or safety of any person
- Exempted by statute other than Freedom of Information
- Trade secret; confidential commercial information
- Would impair contract awards or collective bargaining agreements
- Record of which this agency is legal custodian cannot be found
- Other (specify) _____