

VILLAGE OF ENDICOTT
1009 E. MAIN ST.
ENDICOTT, NEW YORK 13760

**REQUEST FOR ACCESS OF RECORDS
UNDER FREEDOM OF INFORMATION LAW**

To file electronically, email this form to: assttreas@endicottny.com

DATE: _____
APPLICANT'S NAME: _____
ADDRESS: _____
PHONE: _____

WISH TO EXAMINE THE PARTICULAR RECORD(S) SPECIFIED BELOW:

SIGNATURE: _____

NOTICE: YOU HAVE THE RIGHT TO APPEAL THE DECISION OF THE FREEDOM OF INFORMATION OFFICER WHOSE DECISION WILL BE IN WRITING AND WILL STATE THE REASON(S) FOR SAID ACTION. YOUR REQUEST WILL BE GRANTED, DENIED OR ACKNOWLEDGED WITHIN (5) BUSINESS DAYS FROM THE DATE OF THE REQUEST.

WRITTEN APPEAL SHOULD BE SUBMITTED TO THE VILLAGE OF ENDICOTT WITHIN (30) DAYS OF THE DENIAL AND MUST CONTAIN THE FOLLOWING: DATE AND LOCATION OF A REQUEST FOR RECORDS; THE RECORDS THAT WERE DENIED AND THE NAME AND RETURN ADDRESS OF THE APPLICANT.

FOR VILLAGE USE ONLY
DISPOSITION OF REQUEST

REFERRED TO DEPARTMENT HEAD

DENIED FOR REASON(S) CHECKED BELOW

- Confidential Disclosure
- Part of Investigatory Files
- Unwarranted invasion of personal privacy
- Record of which this agency is legal custodian cannot be found
- Record is not maintained by this agency
- Exempted by Statue and other than the Freedom of Information Act
- Other (specify) _____

RETURNED TO CLERK'S OFFICE: _____

INFORMATION PROVIDED-DATE AND TIME: _____

VILLAGE EMPLOYEE PROVIDING INFORMATION: _____

NOTIFICATION TO APPLICANT: _____