



TOWN OF BIG FLATS  
 476 Maple Street, Big Flats, NY 14814  
 (607) 562-8443, Fax (607) 562-7063

APPLICATION FOR ACCESS TO RECORDS  
 FREEDOM OF INFORMATION LAW (FOIL)

I do hereby request the following records:  to inspect  as copies  emailed

The information you provide must be specific to what you are requesting:

---



---



---

\_\_\_\_\_  
 Name (please print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Email

**By signing above, I consent to the following:**

To pay all costs incurred for the search of the above requested records

To pay a charge of 25¢ per copy, and/or the reproducing cost (this includes all records that need to be copied in order to be emailed or faxed)

I certify that the information being requested is not for the purpose of solicitation or fund-raising. I will not sell, give or otherwise make available such information to any other person for the purpose of allowing that person to use the information for solicitation or fund-raising purposes.

**FOR AGENCY USE ONLY**

Denial of Access: I hereby certify that access has been denied to the applicant for the reason(s) checked below:

- Confidential disclosure
- Unwarranted Invasion of Personal Privacy
- Records of which this Agency is Legal custodian cannot be found
- Exempted by statute other than Freedom of Information Act
- Other \_\_\_\_\_

You have the right to appeal a denial of this application in writing to the Town Board of the Town of Big Flats within Thirty Days (30) of denial

Search Certification: I certify that a proper search has been conducted for the records requested and they cannot be found

Approved: I certify that the copies attached are correct copies of the records requested above

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Cost of Copies: number of copies \_\_\_\_\_

Cost per page \_\_\_\_\_

Total cost \_\_\_\_\_