

<p>Town of Arcadia 201 Frey St. Newark, NY 14513</p>		<p>Phone 315-331-1222 Fax 315-331-8854 <a href="mailto:townclerk@townofarcadia.org">townclerk@townofarcadia.org</a></p>
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## TOWN OF ARCADIA FREEDOM OF INFORMATION LAW APPLICATION

Applications to obtain public records can be mailed, faxed, or emailed to the Records Access Officer at the above address.

Date of Request: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby apply to request copies of/or inspect the following record:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check here if you would like copies: \_\_\_\_\_  
(copies are \$.25 / page)

Quantity: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

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## TOWN OF ARCADIA REPRESENTATIVE

Date Approved: \_\_\_\_\_

Date Denied: \_\_\_\_\_ Reason Denied: \_\_\_\_\_

\_\_\_\_\_

Clerk Signature: \_\_\_\_\_

**Town of Arcadia**  
**201 Frey St.**  
**Newark, NY 14513**  
**315-331-1222**

FOR INTERNAL USE ONLY

Date Request Received: \_\_\_\_\_

Received/Reviewed By: \_\_\_\_\_

Department Holding Record (name, date, time sent to department) : \_\_\_\_\_

\_\_\_\_\_

Date Acknowledged Receipt of Request: (Must be done in 5 days) \_\_\_\_\_

Date Expected Fulfillment was Acknowledged: (fulfill within 20 days) \_\_\_\_\_

Date Final Information Was Sent to Requestor: \_\_\_\_\_

Signed: \_\_\_\_\_