Town of Arcadia 201 Frey St. Newark, NY 14513		Phone 315-331-1222 townclerk@townofarcadiany.gov

TOWN OF ARCADIA FREEDOM OF INFORMATION LAW APPLICATION

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

Date of Request:_____

Requestor Name: _____

Name of Organization:_____

Phone:_____

Address:_____

Email:_____

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

_____

_____

_____

_____

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

I hereby certify and affirm that any records containing names and addresses obtained through a Freedom of Information Law (FOIL) request shall not be used for solicitation or fundraising purposes.

I further certify and affirm that I will not sell, give, distribute, or otherwise make available such lists of names and addresses to any person, organization, or entity for the purpose of allowing such person, organization, or entity to use the lists for solicitation or fundraising purposes.

I understand that this certification is made as a condition of receiving records containing names and addresses from the Town of Arcadia and that any false statement made herein may be subject to applicable penalties under law.

Signature of Requestor:_____

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) _____

Approved or Denied Reason Denied:_____

_____

Date Final Information Was Sent to Requestor: _____

Signed: _____