

Town of Macedon
Attn: Town Clerk / Records Officer
32 Main Street
Macedon NY 14502
(315) 986-5932 x102

Application for Public Access to Records, Including FOIL Requests

REQUESTOR

NAME: _____ PHONE: _____

ADDRESS: _____

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 understand that if the information requested is not always easily obtainable, and a search is required, a fee of \$15.00 per hour will be assigned and does not guarantee we will be able to locate the requested item. This is an addition to the per page copy fee stated above.

What is the maximum dollar amount you are willing to pay for copies? \$ _____

If necessary, what is the maximum dollar amount you are willing to pay for search? \$ _____

NAME: _____ DATE: _____

MACEDON TOWN REPRESENTATIVE

APPROVED: _____

DENIED FOR REASON BELOW:

- | | |
|---|---|
| <input type="checkbox"/> Confidential disclosure | <input type="checkbox"/> Record of which this agency is legal custodian cannot be found |
| <input type="checkbox"/> Unwarranted invasion of personal privacy | <input type="checkbox"/> Record is not maintained by this agency |
| <input type="checkbox"/> Part of investigatory files | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> Exempted by statute other than FOIA | |

NAME: _____ TITLE: _____ DATE: _____

NOTICE TO REQUESOR: You have the right to appeal a denial of this application to the Town Board, Macedon Town Hall, 32 Main Street, Macedon, NY 14502

I herby appeal: NAME: _____ DATE: _____