

FREEDOM OF INFORMATION REQUEST FORM

To: Town Clerk
Town of Yorkshire
PO Box 6
Delevan, NY 14042

From: NAME:
ADDRESS:
CITY, STATE, ZIP:
PHONE:

Check applicable box:

I hereby apply to inspect the following record(s) and recognize that an inspection time during normal Town of Yorkshire business hours will be communicated to me in writing. I further recognize that I will only be allowed to inspect requested records while under the supervision of the Town Clerk. If, at any time, the Town Clerk feels the records are at risk, inspection will be terminated.

I hereby apply to receive a copy of the following record(s) and recognize that I will be charged \$0.25 per copy page which shall be payable prior to the release of the copies.

- Approved Denied Confidential Disclosure
- Part of Investigatory Files
- Unwarranted Invasion of Personal Privacy
- Record of which this Town is Legal Custodian cannot be found
- Record is not maintained by this Town
- Exempt by Statute other than the Freedom of Information Act
- Other _____

Town Clerk

Date

Fee Charged
Amount Paid