FREEDOM OF INFORMATION REQUEST FORM

TO: Records Access Officer

Village of Central Square, New York
Name of Agency
3125 East Avenue, P.O. Box 509
Central Square, NY 13036
Address

Copies of Records will be provided at $.25 per page

No. of Copies ____ @ $.25 = _____

I hereby request access to the following records: (where possible, please include record dates and other descriptive information.): _____

_____

_____

_____

_____ _____
Signature Date

_____
Print Name

_____ _____
Mailing Address Telephone Number (daytime)

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FOR AGENCY USE ONLY

☐ APPROVED

☐ DENIED (for the reason(s) checked below)

- ☐ Confidential Disclosure
- ☐ Unwarranted Invasion of Personal Privacy
- ☐ Record of which this agency is legal custodian cannot be found
- ☐ Record is not maintained by this Agency
- ☐ Exempted by statute other than the Freedom of Information Act
- ☐ Part of Investigatory Files
- ☐ Other (Specify) _____

_____

_____

Signature Title Date

Notice: You have a right to appeal a denial of this application to the head of this Agency. Please sign below if you wish to appeal and submit to this Agency.

_____ _____
Signature Address