

TOWN OF WADDINGTON
REQUEST FOR RECORDS FORM
UNDER FREEDOM OF INFORMATION LAW

NAME(S): _____

ADDRESS _____

PHONE: _____

PERSON(S) REQUESTING RECORDS SHOULD SUPPLY THE FOLLOWING INFORMATION: DATE, TITLE, FILE DESIGNATIONS, OR ANY OTHER INFORMATION THAT WILL HELP WITH REQUESTED OF RECORDS.

WITHIN FIVE BUSINESS DAYS OF THE RECEIPT OF A WRITTEN REQUEST FOR A RECORD REASONABLY DESCRIBED, THE AGENCY MUST MAKE THE RECORD AVAILABLE, DENY ACCESS IN WRITING GIVING THE REASONS FOR DENIAL, OR FURNISH A WRITTEN ACKNOWLEDGMENTS OF RECEIPT OF THE REQUEST AND A STATEMENT OF THE APPROXIMATE DATE WHEN THE REQUEST WILL BE GRANTED OR DENIED.

A FEE OF .25 PER SHEET WILL BE REQUIRED.

SIGNATURE

DATE

*****OFFICE USE ONLY*****

DATE RECEIVED _____

DATE SUPPLIED _____

DATE MAILED _____

IF DENIED, REASON FOR DENIAL _____

AUTHORIZED SIGNATURE

