

**FOIL -APPLICATION FOR PUBLIC ACCESS TO RECORDS**

**TO:** RECORDS ACCESS OFFICER

**PHONE:**(315)789-3922

**AGENCY:** TOWN OF GENEVA  
c/o Records Management Officer  
3750 County Road #6  
Geneva, NY 14456

**FAX:** (315) 789-7753

**EMAIL:** townclerk@townofgeneva.com

1) I hereby apply to inspect the following records: (at address above)

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2) I hereby request copies of the following records at \$.25 per page:

**NOTE: Give complete identifying information-including dates, addresses, etc.**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
e-Mail address:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Agency represented, if any:

\_\_\_\_\_  
FAX:

\_\_\_\_\_  
Mailing Address

.....**FOR AUTHORITY USE ONLY**.....

**APPROVED** \_\_\_\_\_

**DENIED** (For the reason(s) Checked Below)

\_\_\_\_\_  
Confidential Disclosure

\_\_\_\_\_  
Part of Investigatory Files

\_\_\_\_\_  
Non-final Inter-agency or Intra-agency material

\_\_\_\_\_  
Impairs present or imminent contract awards

\_\_\_\_\_  
Record of which this Agency is Legal Custodian Cannot be Found

\_\_\_\_\_  
Exempted by Statute other than the Freedom of Information Act

\_\_\_\_\_  
Other(specify) \_\_\_\_\_

\_\_\_\_\_  
Record is not maintained by this Agency

\_\_\_\_\_  
Unwarranted Invasion of Personal Privacy

\_\_\_\_\_  
Records Access Officer

\_\_\_\_\_  
Date

.....**APPLICANT USE**.....

**NOTICE:** You have the right to appeal a denial of this application to the head of this agency within 30-Days of this denial. The designated Appeals Officer is: Town of Geneva Supervisor, 3750 County Road #6, Geneva, NY 14456. The Appeals Officer will provide you with a written decision after consideration of your Appeal.