

VILLAGE OF DEPOSIT
61 Front St.
Deposit, NY 13754-1198
Application for Public Access to Records
(FOIL) Request
Phone 607-467-2492
Fax 607-467-2465

To: Village Clerk

I hereby request: _____ Information on the following:
_____ Copy of the following

Signature	Date	Time
_____	_____	_____
_____	_____	_____

(Mailing address)

Representing:

Name of Firm or Organization and mailing address

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For Agency use only

- Approved _____
- Denied: check reason 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
- _____ Exempt by Statute other than Freedom of Information Act
- _____ Other (specify) _____

Signature	Title	Date
_____	_____	_____

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Notice you have the right to appeal a denial of this application in writing to the Mayor of the Village of Deposit at 61 Front St., Deposit, NY 13754. Who must fully explain his/her reason for such denial in writing within seven days of receipt of an appeal.

I hereby appeal:

Signature	Date	Time
_____	_____	_____