**VILLAGE OF DEPOSIT**

**61 Front St.**

**Deposit, NY 13754**

**Application for Public Access to Records**

**(FOIL) Request**

To: Village Clerk

I hereby request: Click here to enter check mark. Information on the following:

 Click here to enter check mark. Copy of the following

Click here to enter all records being requested.

Signature Date Time

Mailing address

Click here to enter mailing address.

**Representing:**

Click here to enter name of firm or organization and mailing address.

Name of Firm or Organization and mailing address

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

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