

FREEDOM OF INFORMATION REQUEST FORM

To: Town Clerk
Town of Portville
1102 Olean-Portville Road
Portville, NY 14770

From: NAME:
ADDRESS:
CITY, STATE, ZIP:
PHONE:

Check applicable box:

I hereby apply to inspect the following record(s) and recognize that an inspection time during normal Town of Portville business hours will be communicated to me in writing. I further recognize that I will only be allowed to inspect requested records while under the supervision of the Town Clerk. If, at any time, the Town Clerk feels the records are at risk, inspection will be terminated.

I hereby apply to receive a copy of the following record(s) and recognize that I will be charged \$0.25 per copy page which shall be payable prior to the release of the copies.

- Approved Denied Confidential Disclosure
 Part of Investigatory Files
 Unwarranted Invasion of Personal Privacy
 Record of which this Town is Legal Custodian cannot be found
 Record is not maintained by this Town
 Exempt by Statute other than the Freedom of Information Act
 Other _____

Town Clerk

Date

Fee Charged
Amount Paid