

**Town of Gaines**  
Office of the Town Clerk  
14087 Ridge Road  
Albion, New York 14411  
Phone: (585)589-4592 ext.10  
Fax: (585)589-4525

**Records Access Application**  
**Under the Freedom of Information Law**

Date of Request: \_\_\_\_\_

**(Please Print)**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Representing: \_\_\_\_\_

\_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

\_\_\_\_\_

I hereby apply to: Inspect <input type="checkbox"/> or Receive copies of <input type="checkbox"/> the following record(s):

Signature of Applicant: \_\_\_\_\_

I understand the Records Access Officer must respond to my request within five (5) business days of receipt of written request by making the records available or by denying access in writing giving the reasons for denial or proving a written acknowledgement of receipt of the request and a statement of the approximate date when the request will be granted.

I also understand that I will be charged \$ .25 per photo copy for documents up to 9"x14". Fees for other records will be based upon the actual cost of reproduction. Payment must be made at the time copies of records are provided.

**Return completed application to:**  
**Jean Klatt, Gaines Town Clerk**  
**14087 Ridge Road**  
**Albion, New York 14411**

**For Agency use ONLY:**

Approved  Denied  Record not maintained by Town

Date: \_\_\_\_\_ Signature of Records Access Officer: \_\_\_\_\_