

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:
Susan Heard, 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: _____