

TOWN OF MOUNT HOPE

Freedom of Information Law (FOIL)

Application for Public Access to Records

TO: RECORDS ACCESS OFFICER

Name of Department.: _____

Address: _____

I hereby apply to: **inspect** / **obtain** (circle one) copies of the following record(s) include S.B.L.:

UNDER PENALTY OF LAW, I AFFIRM THAT THIS REQUEST OF DOCUMENTS IS NOT GOING TO BE USED FOR COMMERCIAL PURPOSE.

NOTE: A fee of 25 cents per copy will be charged for all copies requested. Fees for documents larger than 9"X14" (reproduced by a private contractor), data files (discs) and recordings will be charged for the actual cost of reproduction.

Signature: _____

Date: _____

Phone: _____

Print Name: _____

Representing: _____

Mailing Address: _____

FOR AGENCY USE ONLY

Approved _____ (answer within 5 business days)

Denied _____ (for the reason(s) checked below)

Confidential Disclosure Part of Investigatory Files Unwarranted Invasion of Personal Privacy

Record of which this Agency is Legal Custodian cannot be found Record is not maintained by the Agency

Exempted by Statute other than the Freedom of Information Law

Other (specify) _____

Signature: _____ Title: _____ Date: _____

NOTE: You have a right to appeal a denial of this application to the head of this agency,

Name: _____ Address: _____

who must fully explain the reason(s) for such denial within seven days of receipt of an appeal.

I hereby appeal this application:

Signature: _____ Date: _____