

Town of Ashford
County of Cattaraugus Ashford Community Center
9377 Route 240 P.O. Box 306
West Valley, New York 14171

REQUEST FOR EXAMINATION

To: Record Access Officer (Town Clerk)
 Town of Ashford
 West Valley, NY 14171

I hereby make application to examine the following record:

I understand there is a fee of \$.25 per page of duplication of the records requested. If the fee exceeds \$_____, please contact me before duplicating the records.

Signature _____ Date _____

Representing _____

Mailing Address _____

FOR TOWN USE:

- Approved Denied (for the reasons checked below)
- Confidential Disclosure
 - Part of Investigatory Files
 - Unwarranted Invasion of Personal Privacy
 - Record of which Town is Legal Custodian cannot be found
 - Record is not maintained by Town
 - Exempted by Statute other than Freedom of Information Act
 - Other(specify) _____

Signature _____ Title _____ Date _____

I hereby certify that the records requested have been provided in accordance with the foregoing requests.

Signature _____ Date _____ Notified _____
Picked up _____
Paid _____

NOTICE: You have the right to appeal denial of this application to the head of this agency that must fully explain his reasons for denial in writing within seven (7) days of receipt of this appeal.

I hereby appeal _____

Signature _____ Date _____