FREEDOM OF INFORMATION LAW REQUEST FORM

TO: Town of Hastings, New York
1134 US Route 11
Central Square, NY 13036
(315) 668-2456

Dear Records Officer:

Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request a copy of records or portions thereof pertaining to (or containing the following)

_____

_____

(identify/describe the records and provide all relevant information and include dates of records if possible).

I understand there is a fee of $.25 per page for duplication of the records requested.

If we have an unclaimed request from you,
this request will not be processed until the outstanding request is claimed.

Signature _____

Printed Name

_____

Mailing Address

_____

_____

Email Address

_____

Phone Number

_____

If for any reason any portion of my request is denied, please inform me of the reasons for the denial in writing.

Agency Use Only

_____ Approved

Denied for Reason(s) checked below

_____ Confidential Disclosure
_____ Unwarranted Invasion of Personal Privacy
_____ Record is not Maintained by this Agency
_____ Exempted by the Statute other than the Freedom of Information Act
_____ Other (Specify)
_____ Part of Investigatory Files
_____ Record as Described Cannot be Found