FOIL Reference #:

APPLICATION FOR ACCESS TO MUNICIPAL INFORMATION

TOWN OF CHEEKTOWAGA ~ FREEDOM OF INFORMATION

TO BE FILLED OUT BY REQUESTOR: This form is used solely to aid the researcher in locating the requested records, please fill out as much information about your request as possible in order to ensure a complete and accurate search.

Date: _____

Name _____
Address_____
City/State/Zip _____
Phone _____

Title, Subject, or Nature of Records: _____

Date/Year of Records Requested: _____

General Description of Records Requested: _____

Address of Records Requested: _____

Additional Information (any additional information that will aide the researcher in locating the record):

_____

_____

Do you wish to inspect records? Yes □ No □ -or-
Do you wish to receive copies of records? Yes □ No □ If so, how many? _____

**** FOR AGENCY USE ONLY ****

□ Letter of Acknowledgement sent Date:_____

Request Routed to:_____ Date:_____
Format of routing: □ Inter Office □ Fax □ Email Follow up Dates: _____

_____

Requestor contacted: via phone via mail via e-mail *Attempts*: 1st _____ 2nd _____ 3rd _____
Notes:_____

The records are not in the custody of the Town of Cheektowaga □ Additional Information is needed
□ Cannot be located: □ Letter stating such as been forwarded to the requestor: Date _____

□ The request has been denied
Reason for denial: _____

_____

□ Letter stating such as been forwarded to the requestor: Date _____

□ A redetermination/appeal has been requested in writing and forwarded to the Town Board:
Date redetermination/appeal received and forwarded to Town Board: _____

Fees:
Provided in hardcopy unless otherwise noted and fees established:
# of copies _____ Fees: $_____ Check # _____ Date paid:_____
□ Copy fees are in excess of $5.00, deposit is required. Date deposit received _____

□ Copies picked up from Records Center □ Other: _____
□ Copies mailed □ Request E-mailed Date of Release: _____

FOIL Filled _____ FOIL Fee sent for Processing _____
Request Closed _____
Notes: _____