

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 _____

SIGNATURE:

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 _____ Copy Fees: \$ _____

Postage: \$ _____ Total: \$ _____ 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: _____