

REQUEST FOR INFORMATION
Freedom of Information Law
Effective January 1, 1978

Town Use Only: ____ # of copies \$ ____ Amount

To: Town Clerk, Town of Dryden
93 East Main Street, Dryden, New York 13053

I HEREBY APPLY: (check one)

- _____ To inspect the following records:
_____ For copies of the following records at a cost of \$.25 per page:

Records Description:

I understand that the Town of Dryden has five (5) days to act on this request, and if approved, an additional ten (10) days to provide the requested material.

_____ Printed Name	_____ Address
_____ Signature	_____ Address
_____ Representing	_____ City, State, ZIP

TOWN USE ONLY		
Date Received: _____ APPROVED _____ DENIED _____ for the reason(s) checked below		
____ Confidential Disclosure	____ Part of Investigatory Files	
____ Unwarranted Invasion of Personal Privacy	____ Exempted by Statute Other than FOIL	
____ Other (specify) _____		
_____ Signature	_____ Title	_____ Date

NOTICE: Should your request be denied, you have thirty (30) days in which to file an appeal with the Records Access Officer of the Town of Dryden, who must fully explain his/her reasons for such denial in writing within seven (7) days of receipt of an appeal.