



# Town of Palmyra



1180 Canandaigua Road  
Palmyra, NY 14522

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315-597-4013 FAX  
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www.palmyrany.com

## Application for Public Access to Records, Including FOIL Requests

### REQUESTOR

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I hereby apply to request copies of/ or inspect the following record:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check here if you would like copies: \_\_\_\_\_ Quantity: \_\_\_\_\_  
(Copies are \$.25/page)

I understand that if the information requested is not always easily obtainable, and a search is required, a fee of \$13.00 per hour will be assigned and does not guarantee we are able to locate the requested item. This is an addition to the per page copy fee stated above.

What is the maximum dollar amount you are willing to pay for copies? \$ \_\_\_\_\_

If necessary, what is the maximum dollar amount you are willing to pay for search? \$ \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### PALMYRA TOWN REPRESENTATIVE

APPROVED: \_\_\_\_\_

#### DENIED FOR REASON BELOW:

- |   |   |
|---|---|
| <input type="checkbox"/> Confidential disclosure                  | <input type="checkbox"/> Record of which this agency is legal custodian cannot be found |
| <input type="checkbox"/> Unwarranted invasion of personal privacy | <input type="checkbox"/> Record is not maintained by this agency                        |
| <input type="checkbox"/> Part of investigatory files              | <input type="checkbox"/> OTHER: _____   |
| <input type="checkbox"/> Exempted by statute other than FOIA      |   |

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTICE TO REQUESOR:** You have the right to appeal a denial of this application to the Town Board, Palmyra Town Hall, 1180 Canandaigua Rd, Palmyra NY 14522

I herby appeal: NAME: \_\_\_\_\_ DATE: \_\_\_\_\_