

Peter G. Barber
Town Supervisor

Lynne M. Buchanan
Records Management Officer

TOWN OF GUILDERLAND
ALBANY COUNTY, ROUTE 20
P.O. BOX 339
GUILDERLAND, N.Y. 12084-0339
(518) 356-1980
FAX: (518) 356-3955
TownClerk@togny.org



FREEDOM OF INFORMATION LAW REQUEST

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date: _____

Submitted to: Lynne M. Buchanan, Records Management Officer

Submitted by: _____

First	M.I.	Last
Street Address		Apartment/Unit #
City	State	Zip Code
Phone	E-Mail	

I am seeking access to the following records: *(please identify records that you are interested in as clearly as possible. Include dates, times, and locations if applicable)* _____

There is a statutory fee of \$.25 per page, and oversized copies are actual cost of reproduction. Documents available electronically maybe transmitted at no charge.

- I wish to:
- Receive copies of related records (if cost exceeds \$25 you be contacted prior to copying the records).
 - Inspect records in person prior to requesting copies.
 - Requested records by e-mail (no charge).

(Print Name)

(Signature)

(Date)

AGENCY USE ONLY

<p>Approved</p> <p>Date: _____</p> <p>Time: _____</p> <p>Charge: \$ _____</p>	<p>Denied (for the reason(s) checked below)</p> <table border="0"> <tr> <td><input type="checkbox"/> Law enforcement records</td> <td><input type="checkbox"/> Interagency or intra-agency materials</td> </tr> <tr> <td><input type="checkbox"/> Record was not maintained by this agency</td> <td><input type="checkbox"/> Unwarranted invasion of personal privacy</td> </tr> <tr> <td><input type="checkbox"/> Would endanger the life or safety of any person</td> <td><input type="checkbox"/> Trade secret; confidential commercial</td> </tr> <tr> <td><input type="checkbox"/> Exempted by statute other than Freedom of Information</td> <td><input type="checkbox"/> Record of which this agency is legal custodian cannot be found</td> </tr> <tr> <td><input type="checkbox"/> Would impair contract awards or collective bargaining agreements</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table> <p><i>Any person denied access to records may appeal denial within 30 days of the denial. Such appeal should be addressed to the Supervisor: Town of Guilderland, PO Box 339, Guilderland, NY 12084</i></p>	<input type="checkbox"/> Law enforcement records	<input type="checkbox"/> Interagency or intra-agency materials	<input type="checkbox"/> Record was not maintained by this agency	<input type="checkbox"/> Unwarranted invasion of personal privacy	<input type="checkbox"/> Would endanger the life or safety of any person	<input type="checkbox"/> Trade secret; confidential commercial	<input type="checkbox"/> Exempted by statute other than Freedom of Information	<input type="checkbox"/> Record of which this agency is legal custodian cannot be found	<input type="checkbox"/> Would impair contract awards or collective bargaining agreements		<input type="checkbox"/> Other: _____	
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