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 _____   **E-mail** _____

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: _____