



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 \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**\*\*E-mail\*\*** \_\_\_\_\_

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: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

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: \_\_\_\_\_