APPLICATION FOR PUBLIC ACCESS TO RECORDS (Freedom of Information Law (FOIL) Request)

DATE:

CATHERINE WILLIAMS

TO:

	YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE MAYOR IN WRITING WITHIN 30 DAYS.
Phone: ()	E-Mail Address:
Mailing Addres	SS:
Print Name:	
Signature:	
NOTE: The Village of Canastota charges a reproduction fee of .25 per page for $8 \frac{1}{2} \times 11$ documents and the actual material and reproduction cost for oversized documents, audio & media. No copies will be made until payment has been received.	
I hereby request a copy of the record listed above. □	
NOTE: You m	ust fill out a separate request form for each record requested.
I hereby apply description inc	to inspect the following record (please be as precise as possible in your luding dates):
	CANASTOTA, NY 13032
	VILLAGE OF CANASTOTA 205 S. PETERBORO ST.
	VILLAGE CLERK