



TOWN OF Mendon

16 W Main Street | Honeoye Falls, NY 14472

(585) 624-6060

www.townofmendon.org

Access to Town Records Under the Freedom of Information Law

Please Type or Print Clearly

SECTION 1 – TO BE COMPLETED BY APPLICANT

Name of Applicant: _____

Name of Business Firm: _____

Name of Client Represented: _____

Mailing Address: _____

Daytime Phone: _____ Alternative Phone: _____

Email: _____

Signature: _____

Date: _____

Description of Record(s) Sought to Inspect. Please identify records you are interested in as clearly as possible and attach additional sheets if necessary. You may inspect the documents first, then ask for copies of the ones you actually want. \$.25 per copy (for paper up to 9x14). Fees are payable prior to the receipt of the record(s) requested. Checks should be made payable to "Town of Mendon"

Under the provision of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request records or portions thereof pertaining to following:

Town of Mendon – FOIL Request Form

The Freedom of Information Law request we take one of the following actions within five (5) business days of receipt of your request for records (the day the request is received and Saturdays, Sundays & holidays are not counted in calculating the five (5) business days:

- 1) Make the records available to you: or
- 2) Acknowledge that we received your request and give you an approximate date when your request will be granted or denied: or
- 3) Deny your request in writing with the reason(s) for denial. You may appeal within thirty (30) days of the denial date.

Please note: The Public Officer's Law requires that a municipality respond to the original request within five (5) business days. There is no specific time limit, however, as to the time to produce the documents.

For Agency Use Only

Date Request received by Records Management Officer: _____

Department Holding Records: _____

Date 5 Day Letter Due: _____ Due Date for Fulfillment: _____

Date 5 Day Response Sent: _____ Comments: _____

APPROVED: _____ Date: _____ Time: _____

Photocopies Fees (if applicable): # of copies: _____ Total Fees: _____

Date Fee Rec'd: _____ Circle: Cash or Check

Sent by/Picked-up by: _____

(signature of staff person who mailed information or person picking up)

Date: _____ Print Name: _____

DENIED: _____ Date: _____ Time: _____

For the reason(s) checked below:

- _____ Exempted by Statute other than Freedom of Information
- _____ Unwarranted invasion of personal privacy
- _____ Part of investigatory files
- _____ Confidential disclosure
- _____ Would impair present or imminent contract awards or agreements
- _____ Trade Secret; confidential commercial information
- _____ Would endanger the life or safety of any person
- _____ Interagency or Intra-agency materials
- _____ Record is not maintained by this agency
- _____ Record in which this agency is legal custodian cannot be found
- _____ Does not reasonably describe the documents
- _____ Other (specify) _____

Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Town Board of the Town of Mendon 16 W Main Street, Honeoye Falls, NY 14472.