



APPLICATION FOR PUBLIC ACCESS TO RECORDS

**TOWN OF CAMBRIA
4160 UPPER MOUNTAIN ROAD
SANBORN, NEW YORK 14132**

TO: RECORDS MANAGEMENT OFFICER

DATE: _____

I wish to inspect the following record(s): (Please fully identify)

Signature: _____

Briefly explain purpose for request: _____

Name: _____

Mailing address: _____

Phone #: _____

Representing: _____

Signature: _____ Date: _____

FOR AGENCY USE ONLY

APPROVED

DATE: _____

TIME: _____

PLACE: _____

PHOTOCOPIES

NUMBER: _____

FEE: _____

DENIED for the reason(s) checked below. The law contains provisions for appeals when denied.

- ___ Confidential disclosures
- ___ Unwarranted invasion of personal privacy
- ___ Record is not maintained by this agency
- ___ Exempted by statute other than the Freedom of Information Act
- ___ The Freedom of Information Act does not provide access to this information
- ___ Primary source of information is _____
- ___ Record to which this agency is legal custodian cannot be found
- ___ Other _____
