APPLICATION FOR FOIL REQUEST

TO: Village of Palmyra Clerk-Treasurer
144 E. Main Street
Palmyra, New York 14522
Phone: (315) 597-4849, option 6
Email: VPalmyra@yahoo.com

____ I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD(S):
____ I REQUEST COPIES **(AT THE COST OF $0.25 PER PAGE)** OF THE FOLLOWING RECORD(S):

_____

_____

_____

_____

Signature: _____ Title of Agency: (if any) _____

Name: (Please print)_____ Phone Number:_____

Mailing Address: _____ Email Address:_____

_____ Date: _____

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VILLAGE CLERK'S OFFICE

____ **APPROVED**

____ **DENIED** (for the reason(s) checked below)

____ Confidential Disclosure
____ Exempted by Statute Other than the Freedom of Information Act
____ Part of Investigatory Files
____ Record is not Maintained by this Agency
____ Record of Which this Agency is Legal Custodian Cannot be Found
____ Unwarranted Invasion of Personal Privacy
____ Other (specify) _____

_____ _____ _____
Signature Title Date

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NOTICE TO REQUESTOR: You have the right to appeal a denial of application to the Palmyra Village Board