TOWN OF MOUNT HOPE

# Freedom of Information Law (FOIL) Application for Public Access to Records

TO: RECORDS ACCESS OFFICER

# Name of Department.: Address:

I hereby apply to: **inspect** / **obtain** (circle one) copies of the following record(s) include S.B.L.:

# UNDER PENALTY OF LAW, I AFFIRM THAT THIS REQUEST OF DOCUMENTS IS NOT GOING TO BE USED FOR COMMERCIAL PURPOSE.

NOTE: A fee of 25 cents per copy will be charged for all copies requested. Fees for documents larger than 9”X14” (reproduced by a private contractor), data files (discs) and recordings will be charged for the actual cost of reproduction.

Signature:

Date:

Phone:

Print Name: Representing:

Mailing Address:

FOR AGENCY USE ONLY

Approved (answer within 5 business days)

Denied (for the reason(s) checked below)

 Confidential Disclosure Part of Investigatory Files Unwarranted Invasion of Personal Privacy

 Record of which this Agency is Legal Custodian cannot be found Record is not maintained by the Agency

 Exempted by Statute other than the Freedom of Information Law

 Other (specify)

Signature: Title: Date:

NOTE: You have a right to appeal a denial of this application to the head of this agency,

Name: Address:

who must fully explain the reason(s) for such denial within seven days of receipt of an appeal. I hereby appeal this application:

Signature: Date: