TOWN OF WHEATFIELD

2800 Church Road
North Tonawanda, NY 14120

Request for Public Records under the Freedom of Information Law

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone: _____Business Phone _____ Fax _____

You may inspect documents first and then ask for copies of the records you want.

I hereby request the following records- (Identify records as clearly as possible):

_____
_____
_____
_____

Number of copies requested: (.25 per copy) _____ (or cost of reproduction if outside source is required)

Signature: _____

Printed name: _____

Within five (5) working days of the written request, the agency must make the record available, give the reason for denial, or furnish acknowledgement of the request and a statement of the approximate date the request will be granted.
Improper use or publication of the documents requested under the Freedom of Information Act could result in liability to the requestor.
NOTICE: You have the right to appeal a denial of this application to the head of this agency who must fully explain in writing within seven (7) days of receiving the appeal. Your appeal must be made within 30 days of denial and sent to the Supervisor of the Town of Wheatfield at the above address.

FOR AGENCY USE ONLY

( ) APPROVED
( ) DENIED

- ☐ Exempt by stature other than Freedom of Information
- ☐ Unwarranted invasion of personal privacy
- ☐ Would impair contract awards or collective bargaining agreements
- ☐ Law enforcement records
- ☐ Would endanger the life or safety of another person
- ☐ Record if which this agency is legal custodian cannot be found
- ☐ Other _____

( ) NO RECORD FILED WITH THIS AGENCY
( ) RECORD IS NOT MAINTAINED BY THIS AGENCY

TOTAL FEE: (# OF PAGES X $.25) _____ Payment received by: _____
PAYMENT: CHECK # _____ CASH: _____ Date: _____