

# Town of Lockport

Request for Public Records under the Freedom of Information Law

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Representing: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby request the following record:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicants Signature: \_\_\_\_\_

Within five working days of the written request, the agency must make the record available, give the reason for denial, or furnish written acknowledgment of the request and a statement of the approximate date the request will be granted.

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 days of receiving the appeal.

### FOR AGENCY USE ONLY:

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

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### ACKNOWLEDGMENT:

I hereby acknowledge receipt of the above requested material.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### APPEAL:

I hereby appeal the denial of the above request to the head of this agency.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_