



FREEDOM OF INFORMATION ACT
REQUEST FORM

**To: Records Officer
Town of North Elba
2693 Main Street
Lake Placid, NY 12946**

From: _____
Address: _____

Phone: _____

I, _____, do hereby request a copy of the following records:

For the following purpose: _____

Signature

Date

FOR AGENCY USE ONLY

APPROVED: _____

DENIED: _____ * for the following reasons

- _____ Confidential Disclosure
- _____ Unwarranted Invasion of personal privacy
- _____ Part of Investigatory Files
- _____ Record not maintained by this agency
- _____ Exempted by statute other than Freedom of Information Act
- _____ Other: _____

Application for public access records will be accepted during business hours 8:00 a.m.-5:00 p.m. or via mail.

NOTICE: You have 30 days to appeal a denial of this application with the Town Clerk, who must fully explain the reasons for such denial in writing within 10 days of receipt of your appeal.

**Please note that there will be a \$.25 charge per photocopied page