



Town of New Haven

Records Access Officer
PO Box 141, 4279 St Rt 104, New Haven, NY 13121
Phone: 315-963-3900, x 4 Fax 315-963-7231

Freedom of Information Request

Date: _____

_____ I wish to inspect _____ I am requesting copies of:
the following record(s): (Please identify records you are interested in as clearly as possible.)

Signature: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

PURSUANT TO PUBLIC OFFICERS LAW ARTICLE 6

Your request will be reviewed within five business days of the receipt of your request for a record reasonably described. The Town will make such record available, deny the request in writing, or furnish a statement of the approximate date when such request will be granted or denied. Should the request be denied, you have a right to appeal a denial within 30 days of the denial. Such appeals should be addressed to the Town of New Haven Attorney, Lesley Schmidt, P.O. Box 141, New Haven NY 13121.

WARNING: Examination of these records is covered by New York State Penal Law.
§175.20 Tampering with Public Records in the 2nd degree is a Class A Misdemeanor.
§175.24 Tampering with Public Records in the 1st degree is a Class D Felony.

FOR AGENCY USE ONLY

Date Received: _____

Received by: (Signature) _____

To applicant:

APPROVED

____ You may inspect the documents:

Date: _____ Time: _____

____ The documents will be forwarded to you upon receipt of payment:

Photocopies: # of Copies: _____ Charge: _____

DENIED (For the reason(s) checked below)

____ Exempted by statute other than Freedom of Information

____ Unwarranted invasion of personal privacy

____ Would impair contract awards or collective bargaining agreements

____ Trade secret; confidential commercial information

____ Law Enforcement records

____ Would endanger the life or safety of any person

____ Interagency or intra-agency materials

____ Record in not maintained by this agency

____ Record of which this agency is legal custodian cannot be found

____ Other (specify) _____

Date records inspected: _____

Date records sent : _____

Fee collected: _____

Records Access Officer signature: _____