

TOWN OF SOUTHPORT
1139 Pennsylvania Avenue, Elmira, NY 14904
(607) 734-1548, Fax (607) 732-5507

APPLICATION FOR ACCESS TO RECORDS
FREEDOM OF INFORMATION LAW (FOIL)

I do hereby request the following records: to inspect as copies emailed

The information you provide must be specific to what you are requesting:

Name (please print)

Signature

Mailing Address

Date

Phone Number

Email

By signing above, I consent to the following:

To pay all costs incurred for the search of the above requested records

To pay a charge of 25¢ per copy, and/or the reproducing cost (this includes all records that need to be copied in order to be emailed or faxed)

I certify that the information being requested is not for the purpose of solicitation or fund-raising. I will not sell, give or otherwise make available such information to any other person for the purpose of allowing that person to use the information for solicitation or fund-raising purposes.

FOR AGENCY USE ONLY

Denial of Access: I hereby certify that access has been denied to the applicant for the reason(s) checked below:

___ Confidential disclosure

___ Unwarranted Invasion of Personal Privacy

___ Records of which this Agency is Legal custodian cannot be found

___ Exempted by statute other than Freedom of Information Act

___ Other _____

You have the right to appeal a denial of this application in writing to the Town Board of the Town of Southport within Thirty Days (30) of denial

Search Certification: I certify that a proper search has been conducted for the records requested and they cannot be found

Approved: I certify that the copies attached are correct copies of the records requested above

Name

Signature

Date

Cost of Copies: number of copies _____

Cost per page _____

Total cost _____