

Town of Harrietstown

FREEDOM OF INFORMATION FORM

APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: RECORDS ACCESS OFFICER

Fee: \$.25 per page

Name: _____

Please indicate amount fee should not exceed: _____

Agency: _____

Telephone Number: _____

Address: _____

I HEREBY APPLY FOR THE FOLLOWING RECORD:

Signature Representing Date

Mailing Address

FOR AGENCY USE ONLY

Approved Denied Record is not maintained by this agency.

Record of which this agency is Legal Custodian cannot be found.

Time needed for research: _____

Date of notice of cost: _____

Date of Payment: _____

Estimated date of readiness: _____

Date of FOIA request complete: _____

Signature Title Date

NOTICE: You have the right to appeal a denial of this application to the head of this agency

Name: _____

Business Address: _____

who must fully explain the reasons for such denial in writing within seven days of receipt of this appeal.

I HEREBY APPEAL:

Signature Date