

**APPLICATION FOR PUBLIC ACCESS TO RECORDS
GENESEE COUNTY**

Freedom of Information Law ("FOIL") Application

To: Records Access Officer

Name of Agency/Department	Address

I hereby apply to inspect the following record(s):

Signature	Date

Print Name	

Representing	

Telephone No.	Mailing Address

For Agency/Department Use Only

_____ Approved

_____ Number of copies are responsive to the request and a fee of: _____

A fee of .25 per page must be remitted in advance

(Please make checks payable to Genesee County Treasurer)

or records available for inspection during the following:

Office hours: _____ And days: _____

Department	Address

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____ Records of which this Agency/Department is Legal Custodian Cannot be found.

____ Record is not maintained by this Agency/Department

____ Receipt of request acknowledged, however, additional time is required

____ Number of Days _____ Reason _____

____ Denied: (for reason(s) checked below)

____ Unwarranted Invasion of Personal Privacy

____ Exempted by Statute other than the Freedom of Information Act

____ Specify: _____

____ Confidential Disclosure of Information of Procedures in criminal investigation

____ Other: (Specify) _____

____ Signature Records Access Officer Date _____

Department of: _____

Notice

You have the right to appeal a denial within 30 days, in whole or in part, of this application to the Records Access Appeals Officer, Office of County Attorney, County of Genesee, 7 Main Street, Batavia, New York 14020

I hereby appeal:

____ Signature Date _____