Print Form

Village of Airmont

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F.O.I.L. REQUEST
APPLICATION FOR PUBLIC ACCESS TO RECORDS

Name _____
FIRST *LAST*

Address _____ NY _____
STREET *CITY* *STATE* *ZIP*

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

_____ _____
DATE *SIGNATURE*

Company Name (representing) _____

Address _____ NY _____
STREET *CITY* *STATE* *ZIP*

FOR AGENCY USE ONLY

Approved Total Fee Paid for Copies $ _____

Denied for the reason(s) checked below:

- ☐ Confidential Disclosure
- ☐ Part of Investigatory Files
- ☐ Unwarranted invasion of personal privacy
- ☐ Record which this agency is legal custodian of, can not be found
- ☐ Record is not maintained by this agency
- ☐ Exempted by statute other than the freedom of information
- ☐ Other (specify)
- ☐ Record Returned_____

_____ _____ _____
SIGNATURE *TITLE* *DATE*

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

Name _____
FIRST *LAST*

Business Address_____
STREET *CITY* *STATE* *ZIP*