

# Town of Independence

## Application for Public Access to Records Freedom of Information Law

To: Town Clerk  
Mailing Address: P.O. Box 38, 887 Marietta Avenue, Whitesville, NY  
Email Address: town.independence@gmail.com  
Phone: 607-356-3608 Fax: 607-356-3600

Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Under New York Freedom of Information Law, I hereby apply to inspect the following records described and listed below. Please be as specific as possible.

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**FEES:** The fees for copies of records shall not exceed twenty-five cents per photocopy up to nine inches by fourteen inches, or the actual cost of reproducing any other record in accordance with current legal provisions, except when a different fee is otherwise prescribed by statute. **By signing this application, you agree to pay the cost of such records and understand that the records will not be provided until payment is made in full.**

DENIAL: Please be advised that all or part of your request may be denied for the reasons set forth in Public Officers Law Article 6, §87 (2). Additionally, FOIL only requires that the government entity produce a record that currently exists.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

- Records are available during regular business hours. Please note the town clerk works part time. Hours are listed on the town's web page: <http://www.independenceny.org> Please call to schedule an appointment: 607-356-3608.
- According to New York State Law, this agency has five (5) working days to respond to this records request.
- If your request is denied in whole or in part, you may appeal to the Town Supervisor in writing by sending your request to: Town Supervisor of the Town of Independence. **You have seven business days from the receipt of the denial to appeal. Any appeal received after seven business days will not be considered and the initial determination will be deemed final.**

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FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Denial

Reason(s): \_\_\_\_\_

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Number of Pages Copied: \_\_\_\_\_

Total Fee (\$.25 cents per page): \$ \_\_\_\_\_