



TOWN OF MARION
3823 North Main Street, PO Box 260
Marion, NY 14505
Phone: 315-926-4271
Fax: 315-926-3502

**APPLICATION FOR FREEDOM OF INFORMATION
REQUEST FORM**

Date: _____

To: **Heidi M. Levan, Town Clerk/ Records Access Officer**

I hereby request to inspect the following records. Please include, if possible, document title, date or other descriptive information.

You may inspect documents first and then ask for copies if needed.

Number of copies requested (\$.25 per copy) _____

- ☐ Paper Copy (Please note above charge)
- ☐ Electronic / Digital Copy
- ☐ In Person (Please call for an appointment)

I hereby certify that the purpose of this information is not for solicitation or fund-raising and this information will not be sold, given or otherwise made available for the purchase of solicitation or fund-raising.

Signature: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

Any person denied access to records may appeal to the denial within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Marion, PO Box 260, Marion, NY 14505.

THIS PAGE IS FOR TOWN OF MARION USE ONLY

APPROVED

Date _____ Time _____

Photocopies: Number _____ Charge _____

DENIED (for the reason(s) check below)

____ Exempted by statute other than Freedom of Information

____ Unwarranted invasion of personal privacy

____ Would impair contract awards or collective bargaining agreements

____ Law Enforcement records

____ Would endanger the life or safety of any person

____ Record is not maintained by this agency

____ Record of which this agency is legal custodian cannot be found

____ Other (specify) _____

Signature

Title

Date

