



VILLAGE OF WILSON

ON THE SHORES OF LAKE ONTARIO

TO: Records Access Officer
Village of Wilson
375 Lake Street, PO Box 596
Wilson, NY 14172-0596

I hereby apply to inspect the following records (use back of sheet if more room is needed):

Date: _____

Signature

Do you want copies of info requested?

Representing

_____ Yes _____ No

Mailing Address

.....
FOR AGENCY USE ONLY

_____ APPROVED

TOTAL COST OF COPIES \$ _____

_____ DENIED [for reason(s) checked below.]

- _____ Confidential Disclosure
- _____ Part of Investigator Files
- _____ Unwarranted Invasion of Personal Privacy
- _____ Record of which this Agency is Legal Custodian cannot be found
- _____ Record is not maintained by this Agency
- _____ Exempted by Statute other than the Freedom of Information Act
- _____ Other _____

_____	_____	_____
Name	Title	Date

Notice: You have the right to appeal a denial of this application to the Mayor of the Village of Wilson who must fully explain his reason for such denial in writing with seven (7) days of receipt of appeal.