

**TOWN OF ROCHESTER**  
TO BE COMPLETED BY APPLICANT:

SECTION 1.

**INSTRUCTIONS TO APPLICANT:** Please complete Section 1 and submit form to Freedom of Information Officer;  
PO Box 65 Accord, NY 12404 \* (845) 626-7384 \* fax: (845) 626-3702.

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
FREEDOM OF INFORMATION OFFICER

DEPARTMENT: \_\_\_\_\_

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD ( Please describe the record sought. If possible, supply a date, file title and number, and any other information that will help locate the record desired)

PRINT NAME AND ADDRESS:

SIGNATURE OF APPLICANT: \_\_\_\_\_

**SECTION II.**

**FOR USE BY DEPARTMENT FREEDOM OF INFORMATION OFFICER ONLY**

- APPROVED                       DENIED ( FOR REASON'S CHECKED BELOW):
- CONFIDENTIAL DISCLOSURE       UNWARRANTED INVASION OF PRIVACY  
 PART OF INVESTIGATORY FILES    EXEMPT BY STATUTE
- OTHER: \_\_\_\_\_

THERE WILL BE A DELAY IN SUPPLYING THE REQUESTED RECORD UNTIL \_\_\_\_ FOR THE FOLLOWING REASONS:

<b>SIGNATURE OF FREEDOM OF INFORMATION OFFICER:</b>	<b>DATE:</b>
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