

VILLAGE OF MORRISVILLE

PO BOX 955

MORRISVILLE, NY 13408

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FREEDOM OF INFORMATION (FOIL) REQUEST FORM

Requests should be mailed to the address noted above.

Your Name

Street Address, City, State and ZIP

Please describe the documents you seek in as thorough and detailed a manner as possible. All requests are subject to State and Federal Law.

Signature

Date

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 of which this agency is legal custodian, but can not be found.

Exempted by statue other than the Freedom of Information Act.

Other (specify): _____

Signature

Title

Date

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

MARK L. SHEPARD, MAYOR

P.O. BOX 955, MORRISVILLE, NY 13408

Who must fully explain the reasons for such denial in writing seven (7) days from receipt of an appeal.

I hereby appeal: _____ (Sign) _____ (Date)