## APPLICATION FOR PUBLIC ACCESS TO RECORDS GENESEE COUNTY

## Freedom of Information Law ("FOIL") Application

To: Records Access Officer County Building I, 15 Main Street County Treasurer Batavia, New York 14020 Name of Agency/Department Address I hereby apply to inspect the following record(s): Signature Date Print Name Representing Telephone No. Mailing Address For Agency/Department Use Only Approved Number of copies are responsive to the request and a fee of: A fee of .25 per page must be remitted in advance (Please make checks payable to Genesee County Treasurer) or records available for inspection during the following: Office hours: And days: Department Address

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## GENESEE COUNTY

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Records of which this Agency/Dep found.	partment is Legal Custodian Cannot be
Record is not maintained by this Agency/Department  Receipt of request acknowledged, however, additional time is required	
Number of Days Reason	
Denied: (for reason(s) checked be Unwarranted Invasion of Personal	
Exempted by Statute other than the Specify:	•
0(1, (0, (1, )	tion of Procedures in criminal investigation
Signature Records Access Officer Department of:	Date
Notice	
You have the right to appeal a denial, in whole or in part, of this application to the Records Access Appeals Officer, Office of County Attorney, County of Genesee, 7 Main Street, Batavia, New York 14020	
I hereby appeal:	
Signature	Date