# APPLICATION FOR PUBLIC ACCESS TO RECORDS GENESEE COUNTY

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

#### To: Records Access Officer

	Courts Facility, 1 West Main Street
District Attorney	Batavia, New York 14020
Name of Agency/Department	Address
I hereby apply to inspect the followi	ng record(s):
Signature	Date
Print Name	
Representing	
Telephone No.	Mailing Address
For Agency/Department Use Only    Approved    Number of copies are respondent of the second se	unty Treasurer) ng the following:
Department	Address

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 Records of which this Agency/Department is Legal Custodian Cannot be found.	
 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 below) Unwarranted Invasion of Personal Privacy Exempted by Statute other than the Freedom of Information Act Specify:	
 Confidential Disclosure of Information of Procedures in criminal investigation Other: (Specify)	

Signature Records Access Officer	Date
Department of:	

#### 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