APPLICATION FOR PUBLIC ACCESS TO RECORDS GENESEE COUNTY

Freedom of Information Law ("FOIL") Application

10: Records Access Officer	
	7690 State Street Road
Emergency Management	
Services Coordinator	Batavia, New York 14020
Name of Agency/Department	Address
I hereby apply to inspect the follow	ving record(s):
Signature	Date
· ·	
Print Name	
Representing	
Telephone No.	Mailing Address
For Agency/Department Use Only Approved Number of copies are response A fee of .25 per page must be remitted (Please make checks payable to Genesee Company).	
or records available for inspection due Office hours: Ar	ring the following:
Department	Address

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GENESEE COUNTY

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Records of which this Agency/Depa found.	artment is Legal Custodian Cannot be
Receipt of request acknowledged	gency/Department however, additional time is required
Number of Days Reason	Towovor, additional time to required
Denied: (for reason(s) checked belo	,
Unwarranted Invasion of Personal I	•
Exempted by Statute other than the Specify:	e Freedom of information Act
O(1 (0 '(1)	on of Procedures in criminal investigation
Signature Records Access Officer Department of:	Date
Not	ice
You have the right to appeal a denial, in who Records Access Appeals Officer, Office of Contract, Batavia, New York 14020	·
I hereby appeal:	
Signature	Date