APPLICATION FOR PUBLIC ACCESS TO RECORDS GENESEE COUNTY

Freedom of Information Law ("FOIL") Application

To: Records Access Officer

Representing

Telephone No.

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

Mailing Address

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GENESEE COUNTY

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Records of which this Agency/Dep found.	artment 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 Privacy	
Exempted by Statute other than the Freedom of Information Act	
Specify:	
Confidential Disclosure of Information	tion of Procedures in criminal investigation
Other: (Specify)	
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