

**REQUEST FOR INFORMATION**  
Freedom of Information Law  
Effective January 1, 1978

<b>Town Use Only:</b> ____ # of copies \$ ____ Amount
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To: Town Clerk, Town of Newfield  
166 Main Street, Newfield, New York 14867

I HEREBY APPLY: (check one)

- \_\_\_\_\_ To inspect the following records:
- \_\_\_\_\_ For copies of the following records at a cost of \$.25 per page:
- \_\_\_\_\_ Digital copy (storage device provided by me)

Records Description:

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I understand that the Town of Newfield has five (5) days to act on this request, and if approved, an additional twenty (20) days to provide the requested material.

_____ Printed Name	_____ Address
_____ Signature	_____ City, State, Zip
_____ Representing Email Address: _____	_____ Contact phone #

<b>TOWN USE ONLY</b>		
Date Received: _____ APPROVED _____ DENIED _____ for the reason(s) checked below		
____ Confidential Disclosure	____ Part of Investigatory Files	
____ Unwarranted Invasion of Personal Privacy	____ Exempted by Statute Other than FOIL	
____ Other (specify) _____		
_____ Signature	_____ Title	_____ Date

NOTICE: Should your request be denied, you have thirty (30) days in which to file an appeal with the Records Access Officer of the Town of Newfield, who must fully explain his/her reasons for such denial in writing within seven (7) days of receipt of an appeal.