

TOWN OF WILLING
APPLICATION FOR PUBLIC ACCESS TO RECORDS
Freedom of Information Law
(F.O.I.L.)

FAX: (585) 593-3210

Records Access Officer: Barbara Mansfield-Town Clerk

Email Address for **Records Access Officer:** bmansfield@willingny.gov

Records Access Committee:

Chairperson Greg Howe, Members: Stephanie Billings and Chris Perkins

Mailing Address:

Town of Willing
1431 State Route 19 South
Wellsville NY 14895

Record # _____

I hereby apply to access the following record: (Be Specific, if we cannot determine what records (s) you seek your application will be denied.)

_____ I hereby request to inspect the record.

_____ I hereby request a copy of the record, for which I agree to pay \$.25 per page (Cash or check payable to "The Town of Willing")

_____ I hereby request a copy by email; please leave your email address: _____

Name

Signature

Representing

Date

Mailing Address

For Agency use only

_____ **Approved.** Record consists of _____ pages. Please call **Tuesdays from 9an-3pm** to schedule an appointment to **inspect** the records with a committee member present. (585) 593-3210.

A **copy** will be available upon receipt of _____.

If you wish a **copy to be mailed** to you, please include an additional \$ _____ for postage.

_____ **Denied due to:**

_____ Request needs to be more specific, cannot determine record requested

_____ Records not possessed by the Town of Willing

_____ After diligent search, there are no known documents that are responsive to your request

_____ Municipalities are not required to respond to questions or inquiries, only to provide documents

_____ Exempted by statute other than the Freedom of Information Law

_____ Unwarranted invasion of personal privacy

_____ Would impair present or imminent contract awards

_____ Law Enforcement records

_____ Complainant's name cannot be disclosed pursuant to the Public Officers Law Article 6A and Sec. 89-2(a)

_____ Would endanger the life or safety of any person

☐ Municipalities are only required to search for specific documents requested
☐ Exempt inter-agency or intra-agency materials
☐ Exempt examination questions or answers

_____ Record of which this agency is legal custodian cannot be found.

 Record is not maintained by this agency.

____ Records have been (partially, fully) provided. (If not fully provided, date when records are expected to be fully provided: _____).

RECEIPT OF THIS REQUEST IS HEREBY ACKNOWLEDGED. PLEASE ALLOW TWENTY (20) BUSINESS DAYS (Clerks normal business days) FOR PROCESSING BEFORE CONTACTING THIS OFFICE. A COPY OF THIS FORM IS BEING MAILED TO YOU INDICATING YOUR REQUEST IS BEING PROCESSED.

Date	Records Committee Officer	Application number
------	---------------------------	--------------------

This Freedom of Information Request will remain on file for six (6) months from the date of final determination. Thereafter it will be destroyed.

NOTICE: You have a right to appeal a denial of this application to the Appeals Officers, who must fully explain the reasons for such denial in writing within seven days of receipt of an appeal. If you wish to appeal, Please submit your appeal to the Willing Town Board:

Town of Willing Board
1431 State Route 19 South
Wellsville, NY 14895

I hereby appeal: _____
Signature

Date _____