



VILLAGE OF BEMUS POINT
13 ALBURTUS AVE
PO BOX 450
BEMUS POINT, NY 14712
(716) 386-4398
clerk@bemuspointny.org

FOIL Request Form of Village Records

Date of request: _____

Requester Name: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____

Email: _____

Description of record(s) requested:

Please note: A request for access to a public record may not be refused “because the person making the request is unwilling to be identified or to the state the purpose of the request.” You are being asked to provide the information called for on a voluntary basis. Thank you.

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TO BE COMPLETED BY VILLAGE CLERK

Department receiving request: _____

Date & time request received: _____

Action taken on request:

- ☐ Approved
- ☐ Denied
- ☐ Approved in part/Denied in part

Attach copy of any statement denying access to, a copy of, or information contained in any public record covered by this request.

Date & Time Record released: _____ Released By: _____