

FREEDOM OF INFORMATION REQUEST FORM
TOWN OF LLOYD

Received by _____ Date: _____ Forwarded to _____ Date: _____

Mail request to: Records Access Officer, 12 Church Street, Highland, NY 12528 or
Email request to: wrosinski@townoflloyd.com

I HEREBY APPLY TO: TO INSPECT OR TO OBTAIN THE FOLLOWING RECORDS:
CHARGE PER PAGE FOR COPIES: \$.25

PRINT NAME DATE

SIGNATURE COMPANY OR ORGANIZATION

MAILING ADDRESS TELEPHONE

Decision of availability will made within five (5) working days of request.

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**FOR AGENCY USE ONLY**

APPROVED \_\_\_\_\_  
 DENIED \_\_\_\_\_

- RECORD IS EXEMPT OR MATTER CONTAINED IN IT IS NOT REQUIRED TO BE DISCLOSED
- RECORD OF WHICH THIS AGENCY IS LEGAL CUSTODIAN CANNOT BE FOUND .....
- RECORD IS NOT MAINTAINED BY THIS AGENCY

\_\_\_\_\_  
SIGNATURE TITLE DATE

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE HEAD OF THIS AGENCY, THE SUPERVISOR, WITHIN 30 DAYS OF DENIAL WHO MUST FULLY EXPLAIN HIS REASONS FOR SUCH DENIAL IN WRITING WITHIN SEVEN (7) BUSINESS DAYS OF RECEIPT OF AN APPEAL. I HEREBY APPEAL.

\_\_\_\_\_  
SIGNATURE DATE

**DATE** items were reviewed, mailed or emailed. \_\_\_\_\_  
**#** \_\_\_\_\_ **copies @ 25¢ per page**      **\$** \_\_\_\_\_ **paid**      **Date**