

Town of Westport
Freedom of Information Form

TO: Records Access Officer
 Town of Westport
 PO Box 267
 Westport, NY 12993

REQUEST RECEIVED: _____

I HEREBY REQUEST COPIES OF THE FOLLOWING SPECIFICALLY LISTED RECORDS:

(These records must be described so that it is clearly understood what is being requested)

Signature: _____ Date: _____

Representing: _____

Mailing Address: _____

For Agency Use Only

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Denied
<input type="checkbox"/>	Record Cannot Be Found After Search
<input type="checkbox"/>	Record is not Maintained by This Agency

Signature: _____ Records Access Officer Date: _____

When a request is approved, you will be notified of the number of pages involved. The cost will be twenty-five cents per page. Only upon receipt of your check made payable to the Town of Westport for the total cost of duplicating the pages requested, will we then make the copies and forward them to you.

Notice: You have the right to appeal a denial of this application to the head of this Agency.

Daniel W. Connell, Supervisor
PO Box 465
Westport, NY 12993

who must fully explain his/her reasons for such denial in writing within seven days of receipt of an appeal.

I hereby appeal: _____ Date: _____

Signature

