



**Town of Alden
3311 Wende Road
Alden, New York 14004**

Application for Public Access to Records

Applicant Name: _____

Address: _____

Phone Number: _____

I hereby request access/copies of the following records

Signature: _____ Date: _____

For Agency Use Only

Application Approved

Application Denied

Reason:

- _____ Confidential Disclosures
- _____ Part of Investigation Files
- _____ Unwarranted Invasion of Personal Privacy
- _____ Record Can Not be Found
- _____ Record Not Maintained By This Agency
- _____ Exempted By Statute other than Freedom of Information Act

Other: _____

Signature: _____ **Date:** _____

Freedom of Information Officer

Notice: You have the right to appeal a denial of this application to the head of this agency or to the Town Attorney, who must explain in writing, the reason for the denial within seven days.

I HEREBY APPEAL:

Signature: _____ **Date:** _____