



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: \_\_\_\_\_



**Town of Alden**  
**3311 Wende Road**  
**Alden, New York 14004**  
716-937-6969  
www.alden.erie.gov

***FOIL Certification of Use of Information***

I, \_\_\_\_\_, of \_\_\_\_\_,  
(Print Name) (Business/Organization)

do hereby certify that the information I am requesting under the Freedom Of Information Law from the Town of Alden Town Clerk will not be used for solicitation or fundraising purposes and will not be passed on to any other person, business, organization, entity or agency for solicitation or fundraising purposes or uses.

Corporate Seal (if applicable) \_\_\_\_\_  
Signature Date

Sworn before me on this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Seal