

FOIL REQUEST

RECORDS ACCESS OFFICER: JAMES M. LABODA
NAME OF AGENCY: CITY OF FULTON
ADDRESS: 141 SOUTH FIRST STREET FULTON, NEW YORK
RECORD REQUESTED FROM: _____ DEPARTMENT

I HEREBY REQUEST TO APPLY FOR/INSPECT THE FOLLOWING RECORDS:

Signature Date Phone Number

Print Name Mailing Address

Representing

FOR AGENCY USE ONLY

Approved by: _____

Denied by: _____

- Reasons for Denial:
Confidential disclosure _____
Part of an ongoing investigation _____
Unwarranted invasion of personal privacy _____
Record cannot be found _____
Record not maintained by this agency _____
Record is exempted by statute _____
Other (specify) _____

Department Head Signature Title Date

NOTE: If a record is denied, you have the right to appeal to the head of the governing body being the (Mayor). You may appeal within (30) days of the denial. Upon receipt of the appeal the head of the governing body (Mayor) has (10) business days to explain in writing further denial or access to the record(s).