

FOIL REQUEST

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RECORDS ACCESS OFFICER:

Jodi B. Corsoniti

NAME OF AGENCY:

City of Fulton

ADDRESS:

141 South First Street, Fulton, NY 13069

DEPARTMENT RECORD REQUESTED FROM:

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

x		
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Signature Date Phone Number

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First Name Last Name

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Street Address City State Zip Code

Representing:

Self	or	Other:
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If "Other", please specify

FOR AGENCY USE ONLY

Approved By:

Denied By:

Reason for Denial:

Confidential Disclosure

Part of an ongoing investigation

Unwarranted invasion of personal privacy

Record can not be found

Record not maintained by this Agency

Record is exempted by statute

Other (Specify)



x		
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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 has 10 business days to explain in writing further denial or access to the record(s).