



Village of Webster

28 West Main Street

Webster, NY 14580

(585) 265-3770 - Fax (585) 265-1004

villageofwebster.com

Freedom of Information Application

Name: _____

Representing: *(if applicable)* _____

Address: _____

Email: _____

Phone: _____

I hereby apply to: inspect obtain a copy of the following records: *(please describe below)*

Signature: _____ **Date:** _____

Freedom of Information Law requires that any agency respond to a request within five business days of receipt of the request.

*There is no charge for the inspection of documents; however, if duplication is requested by you, a charge of 25¢ per page is payable to Village of Webster.

~ Office Use Only ~

Application is: Approved Denied

Reasons:

- Confidential Disclosure Record is not maintained by the Agency
 Unwarranted invasion of personal privacy Record for which this agency is legal custodian cannot be found
 Exempted by statute other than Freedom of Information Act
 Other _____

Records Officer: _____ Date: _____