Application for Access to Records

Village of Webster
28 West Main Street
Webster, NY 14580
(585) 265-3770 - Fax (585) 265-1004
www.villageofwebster.com

I hereby apply to □ inspect □ obtain a copy of the following records:*

Please be specific

As you know the Freedom of Information Law requires that any agency respond to a request within five business days of receipt of request. Therefore, I would appreciate a response as soon as possible and look forward to hearing from you shortly.

If for any reason any portion of my request is denied please inform me of the reasons for the denial in writing and provide the name and address of the person or body to whom an appeal should be directed.

*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.

Please print name
Representing (if applicable)
Mailing address
City / Zip

Signature
Date
Telephone

☐ Approved ☐ Denied

For the reasons checked below:

☐ 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 Access Officer
Date