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 \square inspect \square obtain a copy of the following records:*	
Please be specific	
As you know the Freedom of Information Law requires the days of receipt of request. Therefore, I would appreciate hearing from you shortly.	that any agency respond to a request within five business te a response as soon as possible and look forward to
If for any reason any portion of my request is denied pleand provide the name and address of the person or body	
*There is no charge for the inspection of documents; how 25¢ per page is payable to Village of Webster.	wever, if duplication is requested by you, a charge of
Please print name	Signature
Representing (if applicable)	Date
Mailing address	- Telephone
City / Zip	-
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	T 000 II 0l.
☐ Approved ☐ Denied For the reasons checked below:	For Office Use Only
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