

**REQUEST FOR RECORDS  
FREEDOM OF INFORMATION (FOIL) APPLICATION**

**Village of Hammondsport Clerk  
18 Water Street  
Hammondsport, New York 14840  
607-569-3700**

Date: \_\_\_\_\_

Dear Records Access Officer:

(1) I am requesting copies of the following records (please provide as much detail as possible).

(2) Please (email, mail, or call) me when they are available for release and to provide me with the amount I owe (.25 per paper copy, \$5.00 for disk, no charge for email, if applicable).

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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

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**FOR AGENCY USE ONLY**

Completed date: \_\_\_\_\_ Notified date: \_\_\_\_\_  
Number of pages: \_\_\_\_\_ Number of CD's: \_\_\_\_\_ Emailed: \_\_\_\_\_

Reason if denied: \_\_\_\_\_