

**TOWN OF KENDALL**  
*Amy K. Richardson*  
**OFFICE OF THE TOWN CLERK**

1873 Kendall Road  
P O Box 474  
Kendall, NY 14476  
Tel No: (585) 659-8721 Fax No: (585) 659-8203  
[www.townofkendall.com](http://www.townofkendall.com)

Date of Request \_\_\_\_\_

(Please Print)

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Representing \_\_\_\_\_

Daytime Telephone No \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

I hereby apply to \_\_\_\_\_ inspect and/or \_\_\_\_\_ copy the following records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand the Records Access Officer must respond to my request within five business days of receipt of written request by making the records available or by denying access in writing, giving the reasons for denial or providing a written acknowledgement of receipt of my request and a statement of the approximate date when the request will be granted.

I also understand and acknowledge that I will be charged a fee of \$0.25 per photocopy for documents up to 11" by 17". Fees for copies of other records will be based upon the actual cost of reproduction. Payment must be made at the time copies of records are provided.

Return completed application to:

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For Agency Use Only:

\_\_\_\_\_ Approved

Index Number \_\_\_\_\_

\_\_\_\_\_ Denied for reason(s) checked below:

\_\_\_\_\_ confidential disclosure

\_\_\_\_\_ part of investigatory files

\_\_\_\_\_ unwarranted invasion of personal privacy

\_\_\_\_\_ record of which this agency is legal custodian cannot be found

\_\_\_\_\_ record is not maintained by this agency

\_\_\_\_\_ exempted by statute other than the Freedom of Information Act

\_\_\_\_\_ other (specify) \_\_\_\_\_

Signature	Title	Date

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NOTICE: You have a right to appeal a denial of this application to the head of this agency, who must fully explain the reasons for such denial in writing seven days of receipt of an appeal.

I HEREBY APPEAL:

Signature	Date