

Town of Lockport

Request for Public Records under the Freedom of Information Law

APPLICANT INFORMATION

Name: _____ Representing: _____

Address: _____

Phone: _____ Bus. Phone: _____ Fax: _____

I hereby request the following record:

Applicants Signature: _____

Within five working days of the written request, the agency must make the record available, give the reason for denial, or furnish written acknowledgment of the request and a statement of the approximate date the request will be granted.

NOTICE: You have the right to appeal a denial of this application to the head of this agency who must fully explain in writing within seven days of receiving the appeal.

<p>FOR AGENCY USE ONLY:</p> <p>() APPROVED</p> <p>() DENIED</p> <p>() NO RECORD FILED WITH THIS AGENCY</p> <p>() RECORD IS NOT MAINTAINED BY THIS AGENCY</p> <p>COPIES:</p> <p>Number of pages: _____</p> <p>Total Fee (# of pages @ \$0.25): _____</p> <p>Payment: Check #: _____ Cash: _____</p> <p>Payment Taken By: _____</p> <p>Date: _____</p>	<p>ACKNOWLEDGMENT:</p> <p>I hereby acknowledge receipt of the above requested material.</p> <p>Applicant Signature: _____</p> <p>Date: _____</p> <p>APPEAL:</p> <p>I hereby appeal the denial of the above request to the head of this agency.</p> <p>Applicant Signature: _____</p> <p>Date: _____</p>
--	---