



# TOWN OF PARMA

1300 Hilton-Parma Road  
P.O. Box 728  
Hilton, New York 14468  
(585) 392-9461  
Fax (585) 392-6659

## Records Access Application Under the Freedom of Information Law

(Please Type or Print)

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

I hereby apply to \_\_\_\_\_ inspect and/or \_\_\_\_\_ copy the following record(s):

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

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

**Please return this form to:**

Carrie Fracassi, Town Clerk  
1300 Hilton Parma Corners Rd.  
P.O. Box 728  
Hilton, NY 14468

**Note:** There is a \$.25 copying charge for copies made. A fee for copy of other records may be charged based upon the actual cost of reproduction.

For Agency Use Only			# Copies
____ Approved	____ Denied	____ Record not maintained by the Town	_____
____/____/____	_____		Charge _____
Date	Signature of Records Access Officer		Other Chg _____
			Date Paid _____
			Rec'd by _____

### For Appeal Use

If you wish to appeal the Records Access Officer's decision, sign and date below and return this form within thirty days to:

Town of Parma, Attn: Town Board, 1300 Hilton Parma Corners Road, Hilton, NY 14468

I hereby appeal the decision made for the record(s) requested above.

\_\_\_\_\_  
Signature (If mailed, have your signature **Notarized**)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Sworn before me on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature