



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 _____

Daytime Telephone Number _____

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	Charge	_____
_____ Record not maintained by the Town		Other Chg	_____
_____ Date	_____ Signature of Records Access Officer	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, 1300 Hilton Parma Corners Road, Hilton, NY 14468, Attn: Town Board

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 _____