

F.O.I.L. Records Request From

Town of Mexico
64 S. Jefferson St. PO Box 98
Mexico, NY 13114-0098
Phone: (315) 963-7633 Fax: (315) 963-8806

Date: _____

To: Nicole Wild, Records Management Officer

I wish to inspect the following record(s): *(Identify records you are interested in as clearly as possible.)* _____

You may inspect documents first and then ask for copies.

Number of copies requested: _____ (25¢ per page)

Signature: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

FOR AGENCY USE ONLY

APPROVED

Date: _____ R.M.O. Signature: _____

Photocopies: Number _____ Charge \$ _____

DENIED for reason(s) checked below:

- _____ Exempted by statute other than Freedom of Information
- _____ Unwarranted invasion of personal privacy
- _____ Would impair contract awards or collective bargaining agreements
- _____ Trade secret; confidential commercial information
- _____ Law enforcement records
- _____ Would endanger the life or safety of any person
- _____ Interagency or intra-agency materials
- _____ Record is not maintained by the agency
- _____ Record of which this agency is legal custodian cannot be found
- _____ Other (specify) _____

Please limit your request to **ONE** per form to facilitate necessary record keeping.

If request is for a **list of names**, please complete affidavit on the next page.

State of New York
County of Oswego
Town of Mexico

I, _____ certify that the following documents:

requested per my Freedom of Information Law dated _____
will **not** be used for commercial purposes.

Signature

Print Name

Date

Subscribed and sworn before me on this
_____ day of _____,
_____.

Notary Public