



# TOWN OF VAN BUREN

## OFFICE OF THE TOWN CLERK

7575 Van Buren Road  
Baldwinsville, NY 13027-6706  
(315) 635-3010  
Fax: (315) 635-8247  
www.townofvanburen.com

### APPLICATION FOR ACCESS TO PUBLIC RECORDS

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

#### NATURE OF REQUEST

Records Sought: \_\_\_\_\_ To View Only \_\_\_\_\_ copies only \_\_\_\_\_ to view & copy  
(copy charge \$.25/page)

I wish to examine the particular records specified below:

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

Applicant's Signature: \_\_\_\_\_

.....  
**FOR TOWN OF VAN BUREN USE ONLY**

#### DISPOSITION OF REQUEST

\_\_\_\_\_ Referred to Dept. Head: \_\_\_\_\_

\_\_\_\_\_ Referred to Town Attorney

#### Approved:

Time Records will be available: \_\_\_\_\_ Date: \_\_\_\_\_

Information Provided: \_\_\_\_\_

#### Denied:

- \_\_\_\_\_ Confidential Disclosure \_\_\_\_\_ 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): \_\_\_\_\_

Dept. Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_