

TRACY M. COSILMON, Town Clerk
Town of Cicero
8236 Brewerton Road
Cicero, NY 13039
Phone: (315) 699-8109 Fax: (315) 699-0039
clerk@ciceronewyork.net

Date: _____

To: Tracy M. Cosilmon, Records Access 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 copy)

Signature: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

FOR AGENCY USE ONLY

APPROVED

Date: _____ R.A.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 back of this form.