

**Town of Skaneateles**

24 Jordan Street

Skaneateles, N Y 13152

Phone: (315)685-3473

Fax: (315)685-5449

Email: jaaron@townofskaneateles.com

Website: www.townofskaneateles.com

Date: \_\_\_\_\_

To: Janet L. Aaron, 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 of the ones you actually want.

Number of copies requested: (\$.25 per copy) \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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**FOR AGENCY USE ONLY**

**APPROVED**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Photocopies: Number: \_\_\_\_\_ Charge: \_\_\_\_\_

**DENIED:** (for the reason(s) checked below)

- Exempted by statue 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) \_\_\_\_\_

Any person denied access to records may appeal the denial within 30days of the denial. Such appeals should be addressed to the Supervisor of the Town of Skaneateles, 24 Jordan Street, Skaneateles, NY 13152

STATE OF NEW YORK  
COUNTY OF ONONDAGA  
TOWN OF SKANEATELES

I, \_\_\_\_\_ certify that the following documents:

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requested per my Freedom of Information dated \_\_\_\_\_  
will **not** be used for commercial purposes, soliciting, fundraising, or passed on to  
**others.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date