

Town of Skaneateles

24 Jordan Street

Skaneateles, NY 13152

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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: _____

FOR AGENCY USE ONLY

APPROVED

Date: _____ Time: _____

Photocopies: Number: _____ Charge: _____

DENIED: (for the 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) _____

Any person denied access to records may appeal the denial within 30 days 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:

requested per my Freedom of Information dated _____
will **not** be used solicitation for fund raising purposes

Signature

Print Name

Date