## APPLICATION FOR PUBLIC ACCESS TO RECORDS GENESEE COUNTY

## Freedom of Information Law ("FOIL") Application

To: Records Access Officer	
Name of Agency/Department	Address
I hereby apply to inspect the following	record(s):
Signature	Date
Signature	Date
Print Name	_
Representing	
Telephone No.	Mailing Address
relephene ree.	Mailing / Nacross
For Agency/Department Use Only	
roi Agency/Department use only	
Approved	
Number of copies are responsive	
A fee of .25 per page must be remitted in	advance
(Please make checks payable to Genesee County or records available for inspection during to	
Office hours: And da	
7 ma de	.,, o
Department	Address

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## GENESEE COUNTY

(Page 2)

Records of which this Agency/Dep found.	partment is Legal Custodian Cannot be	
Receipt of request acknowledged	gency/Department however, additional time is required	
Number of Days Reason		
Denied: (for reason(s) checked be Unwarranted Invasion of Personal		
Exempted by Statute other than the Specify:	•	
0(1, (0, (1, )	tion of Procedures in criminal investigation	
Signature Records Access Officer Department of:	Date	
Notice		
You have the right to appeal a denial, in who Records Access Appeals Officer, Office of C Street, Batavia, New York 14020	ole or in part, of this application to the County Attorney, County of Genesee, 7 Main	
I hereby appeal:		
Signature	Date	