HERKIMER COUNTY
FREEDOM OF INFORMATION REQUEST

To: Records Access Officer

_____
Name of Agency

_____
Address

I hereby apply for **copies of: ____ / to inspect: ____** the following record(s): (select one)

_____

_____

_____

*I agree to pay $0.25 per page of copies of requested records.

_____ _____
Signature Date

_____
Print Name

_____
Representing

_____
Mailing Address

FOR AGENCY USE ONLY

Approved_____

Denied _____

Record of which this agency is Legal Custodian cannot be found_____

_____ _____ _____
Signature Title Date

Please fill out and print this document. Be sure to sign and date it, and return in person or by mail to: Herkimer County Legislature, 109 Mary Street, Suite 1310, Herkimer, NY 13350, or by fax to 315-867-1109.

FREEDOM OF INFORMATION REQUEST

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION WITHIN THIRTY (30) DAYS FROM THE DATE HEREOF TO THE HEAD OF THIS AGENCY:

ALVIN H. MONTANA II
109 MARY STREET – SUITE 1310
HERKIMER, NY 13350

WHO MUST FULLY EXPLAIN HIS REASONS FOR SUCH DENIAL IN WRITING WITHIN TEN (10) BUSINESS DAYS OF RECEIPT OF AN APPEAL.

I HEREBY APPEAL:

_____ _____

Signature Date