Village Of Dansville

14 Clara Barton Street
Dansville, NY 14437
Ph: (585) 335-5330 Fax: (585)335-4120

APPLICATION FOR PUBLIC ACCESS TO RECORDS

(F.O.I.L. – Freedom of Information Act Request Form)

Description of Records Sought: (Be spe	ecific give ful	l names, alias, etc.)
Name:		Date of Birth://
Name of person requesting F.O.I.L:		Date:/
Organization (If Any):		
Full Address:		
Email Address:		
Signature:		
·	you are denie	such records exist, copies are \$.25 per page. Full payment is ed access and are dissatisfied with this determination, please
Village Clerk's Office 14 Clara Barton Street Dansville, NY 14437 jnolan@dansvilleny.us		
	FOR OF	FICE USE ONLY
Denial of Access		
I hereby certify that access has been	denied to th	ne applicant for the following reason(s):
Exempt by other statute		Confidential disclosure
Part of investigatory files		Unwarranted invasion of personal privacy
Case currently active		Case sealed by statute
Other		
Signature:	Title:_	Date