



# TOWN OF CLARENCE

ONE TOWN PLACE, CLARENCE, NEW YORK 14031

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**Karen Hawes**  
Town Clerk

**Janel Farolino**  
Deputy Town Clerk

## APPLICATION FOR PUBLIC ACCESS TO RECORDS

**To: CLARENCE TOWN CLERK/RECORDS ACCESS OFFICER**

**From:**

\_\_\_\_\_  
**Name of Agency**

\_\_\_\_\_  
**Address**

**I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Representing**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**Phone No.**

### For Agency Use Only

**Approved** \_\_\_\_\_

**Fee** \_\_\_\_\_

**Denied (for the reason (s) checked below)**

\_\_\_\_ **Confidential disclosure**  
\_\_\_\_ **Unwarranted Invasion of Personal Privacy**  
\_\_\_\_ **Record of which this agency is Legal Custodian cannot be found**  
\_\_\_\_ **Record is not maintained by this Agency**  
\_\_\_\_ **Exempted by statute other than the Freedom of Information Act**  
\_\_\_\_ **Other (specify)** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**NOTICE: PERSONS DENIED ACCESS TO RECORDS MAY APPEAL SUCH DENIAL IN WRITING WITHIN 30 DAYS TO THE APPEALS OFFICER-CLARENCE TOWN SUPERVISOR, WHO MUST FULLY EXPLAIN REASONS FOR SUCH DENIAL IN WRITING WITHIN 10 WORKING DAYS OF RECEIPT OF AN APPEAL.**