

TOWN OF BATAVIA

Request to Examine Official Records

Date of Request _____

Person making request _____

On behalf of (firm or organization) _____

Address _____

Telephone Number _____

Email Address _____

Description of item/s requested for examination: (PLEASE BE SPECIFIC)

Dated _____

Photo-copy requested? yes no
(Price for standard copies is \$.25 each)

Signature

(For Town use only)

Approved for examination yes no

If no, reason for denial _____

Freedom of Information Officer

**PUBLIC RECORDS AND PHOTOGRAPHIC COPIES WILL BE PROVIDED AT
TOWN CONVENIENCE WITHIN THE GUIDELINES OF THE
FREEDOM OF INFORMATION ACT**