

TOWN OF BATAVIA

Request to Examine Official Records

Date of Request _____

Person making request _____

On behalf of (firm or organization) _____

Address _____

Telephone Number _____

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

Dated _____

Photo-copy requested? () yes () no
(price for copies \$.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.