TOWN OF LYSANDER

THIS FORM TO BE SUBMITTED TO THE LYSANDER TOWN CLERK, 8220 Loop Road, BALDWINSVILLE

REQUEST FOR INFORMATION UNDER OPEN GOVERNMENTS LAWS:

FROM: _____
(Print name, followed by your signature, please)

ADDRESS: _____

PHONE NUMBER: _____

DOCUMENT(S) REQUESTED: _____

PURPOSE FOR WHICH DISCLOSURE IS SOUGHT: _____

FOR VIEWING ONLY: yes _____ no _____ **OR** COPIES REQUESTED: yes _____ no

Please inform me of fees **before** providing copies ___, OR, Supply copies if fees are not in excess of $_____.

If title is unknown, describe information you are seeking: _____

_____

Document covers information for approximate time period of: _____

****

If request is for list of names, I hereby swear that the request for this record is **NOT** for commercial or fund raising purposes.

Date:_____ Signature:_____

State of New York)
) ss:
County of Onondaga)

On the _____ day of _____, in the year _____ before me, the undersigned, a Notary Public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

N O T A R Y S E A L

Signature of Notary Public: _____

****

Do not write in spaces below

Request received: _____ Action taken on _____
Date

APPROVED _____

Copies supplied: _____ @ $.25 per sheet (photocopy) = $_____

_____ @ $.50 per sheet (computer run) = $_____

DENIED _____ for 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 Access Officer Date

Revised 03/2008