



Freedom of Information Request Application

Village of Spencer

PO Box 346

Spencer, NY 14883

I hereby apply to obtain a copy of the following record(s)-

Four horizontal lines for recording the request details.

Name (Please print)- _____ Signature- _____

Mailing Address- _____ Date- _____

If there is a duplication that needs to be made there is a charge of .25 per page

Send request to:

Village of Spencer, Village Clerk

PO Box 346 Spencer, NY 14883

FOR DEPARTMENTAL USE ONLY

Denial of Access:

I hereby certify that access has been denied to the applicant for the reason selected below:

- ___ Exempt by other statute
- ___ Part of investigatory files
- ___ Confidential disclosure
- ___ Unwarranted invasion of personal privacy
- ___ Other _____

Search Certification:

___ Correctness certification

I hereby certify that the copies attached are correct copies of the records requested by the applicant.

Name- _____ Signature- _____ Title- _____ Date- _____