



Freedom of Information Request

Records Access Officer
Town Clerk, Town of Webster
1000 Ridge Road
Webster, NY 14580
Phone: (585) 872-1000
Email: townclerk@ci.webster.ny.us

Date: _____

Office Use Only

Records Access Officer:

Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request records or portions thereof pertaining to: **(For Police Department Records, please include the date of birth, if known and include the approximate date and location of the record you are requesting.)**

If there are any fees for copying the records requested, please inform me before filling the request. I understand there is a minimum copying fee of 25¢ per page for paper document (8 1/2" x 11"). If the document (s) are available in a format that can be sent electronically, there is no charge per page if an email address is provided.

Please check one of the options below before submitting your request.

The requested information is to be used for Solicitation and / or Fundraising purposes.

The requested information is NOT to be used for Solicitation and / or Fundraising purposes.

Signature

Printed Name

Street Address

City, State, ZIP

Email

Daytime Phone