



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

Office Use Only

Date: _____

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