

**APPLICATION FOR PUBLIC ACCESS TO RECORDS
GENESEE COUNTY**

Freedom of Information Law ("FOIL") Application

To: Records Access Officer

Community Mental Health
Services Director

Name of Agency/Department

5130 East Main Street Road

Batavia, New York 14020

Address

I hereby apply to inspect the following record(s):

_____ Signature	_____ Date
_____ Print Name	_____
_____ Representing	_____
_____ Telephone No.	_____ Mailing Address

For Agency/Department Use Only

_____ Approved
_____ Number of copies are responsive to the request and a fee of: _____
A fee of .25 per page must be remitted in advance
(Please make checks payable to Genesee County Treasurer)
or records available for inspection during the following:
Office hours: _____ And days: _____

_____ Department _____ Address

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_____ Records of which this Agency/Department is Legal Custodian Cannot be found.

_____ Record is not maintained by this Agency/Department

_____ Receipt of request acknowledged, however, additional time is required

Number of Days _____ Reason _____

_____ Denied: (for reason(s) checked below)

_____ Unwarranted Invasion of Personal Privacy

_____ Exempted by Statute other than the Freedom of Information Act

Specify: _____

_____ Confidential Disclosure of Information of Procedures in criminal investigation

_____ Other: (Specify) _____

Signature Records Access Officer

Date

Department of: _____

Notice

You have the right to appeal a denial, in whole or in part, of this application to the Records Access Appeals Officer, Office of County Attorney, County of Genesee, 7 Main Street, Batavia, New York 14020

I hereby appeal:

Signature

Date