



Town Clerk's Office  
**TOWN OF RIGA**  
 6460 E. Buffalo Road  
 P.O. BOX 377  
 CHURCHVILLE, NEW YORK 14428-0377  
 (585) 293-3880

**RECORDS ACCESS APPLICATION**  
 Under The Freedom Of Information Law

(Please Print)

Date Of Request \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Representing \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

I hereby apply to \_\_\_ inspect and/or \_\_\_ copy the following record(s):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand the Records Access Officer must respond to my request within five business days of receipt of written request by making the records available or by denying access in writing giving the reasons for denial or providing a written acknowledgment of receipt of my request and a statement of the approximate date when the request will be granted.

I also understand and acknowledge that I will be charged a fee of \$.25 per photocopy for documents up to 9" by 14". Fees for copies of other records will be based upon the actual cost of reproduction. Payment must be Made at the time copies of records are provided.

*Return completed application to:*  
 Kimberly Pape, Town Clerk  
 6460 E. Buffalo Road  
 Churchville, NY 14428

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For agency use only:

\_\_\_ Approved \_\_\_ Denied \_\_\_ Record not maintained by Town

Date \_\_\_\_\_ Signature of Records Access Officer \_\_\_\_\_