

TOWN OF FREMONT - OFFICE OF THE TOWN CLERK
8217 CREAM HILL ROAD,
ARKPORT, NY 14807

Request Pursuant to the Freedom of Information Law

Mail to: Town Clerk, at the above address

Email to: s.peck@townoffremontny.com

Clearly print or type all appropriate information below.

Name of Requester/Authorized Representative: _____

Address: _____
(Number & Street) (City) (State) (Zip)

Phone No.: _____ E-mail Address: _____

Detailed description of requested records: **(Please, be specific.)*** Date of Request: _____

I hereby agree to pay fees associated with the above request.

Signature: _____ **Date:** _____

Fees:

As set forth in Public Officers Law Section 87(1)(b)(iii) and (c) and 16 NYCRR 6-1.2, except when a different fee is otherwise prescribed by statute:

- (a) the fee for copies of records from originals 8 1/2" x 11" and 8 1/2" x 14" shall be 25 cents per photocopy and
- (b) the fee for preparing and reproducing any other record shall be the actual cost, which shall include only:
 - (1) an amount equal to the hourly salary attributed to the lowest paid agency employee who has the necessary skill required to prepare a copy of the requested record;
 - (2) the actual cost of the storage devices or media provided to the person making the request in complying with such request; and
 - (3) the actual cost to the agency of engaging an outside professional service to prepare a copy of a record, but only when the agency's information technology equipment is inadequate to prepare a copy, if such a service is used to prepare the copy.

(c) Preparing and reproducing a copy shall not include search time or administrative costs, and no fee shall be charged unless at least two hours of agency employee time is needed to prepare a copy of the record requested.

An additional written statement, from the requester/authorized representative, expressing consent to pay all applicable fees is required for requests expected to cost \$100 or more.

*INFORMATION REQUESTED WILL BE PROVIDED WITHIN 5 BUSINESS DAYS OF RECEIVED REQUEST, OR A WRITTEN ACKNOWLEDGEMENT WITH A STATEMENT OF THE APPROXIMATE DATE WHEN THE REQUEST WILL BE GRANTED OR DENIED WILL BE GIVEN. IF DENIED, A WRITTEN EXPLANATION FOR THE DECISION WILL BE PROVIDED.

OFFICE USE ONLY

Number of Pages copied: _____ **Date 5-day response sent:** _____

Date request filled: _____ **Billing Date:** _____

Notice of Request sent to (Department(s)): _____ **Billing Amount:** _____
