FREEDOM OF INFORMATION LAW (FOIL)
REQUEST APPLICATION

TO: VILLAGE CLERK
VILLAGE OF CASSADAGA
22 MILL ST.
PO BOX 286
CASSADAGA, NY 14718

Check the appropriate box:

( ) I hereby apply to inspect the documents of the Village of Cassadaga's DEPARTMENT/AGENCY/INDIVIDUAL listed below:

_____

( ) I hereby request the reproduction of the following documents of the Village of Cassadaga's DEPARTMENT/AGENCY/INDIVIDUAL listed below @ $.25 per copy.

_____

(Please be as specific as possible; use back of form if necessary.)
PURPOSE FOR WHICH REORDS/DOCUMENTS ARE REQUESTED

_____

NAME_____PHONE_____

MAILING ADDRESS_____

SIGNATURE_____DATE_____

FOR AGENCY USE ONLY

( ) APPROVED ( ) DENIED
( ) RECORD CAN'T BE FOUND ( ) RECORD NOT KEPT BY AGECNY

SIGNATURE_____DATE_____

----------DETACH----------

NOTICE TO APPLICANT: Your have a right to appeal a denial of this application to the Village of Cassadaga's Village Board, who must fully explain its reason for such denial in writing within seven days of an appeal.

I hereby appeal:
NAME_____SIGNATURE_____
ADDRESS_____DATE_____
_____