



TOWN OF CAPE VINCENT

1964 NYS Rte 12E, PO Box 915

Cape Vincent, NY 13618

Shannon Featherly, Town Clerk

315-654-3795 ext. 2

sfeatherly@townofcapevincent.org

REQUEST FOR PUBLIC ACCESS TO RECORDS

(under Freedom of Information Law – FOIL)

DATE: _____

TO: Shannon Featherly, Town Clerk, Records Access Officer

Mail form to: PO Box 915, Cape Vincent, NY 13618 or email: sfeatherly@townofcapevincent.org

I wish to FOIL the following record(s):

(Identify records you are interested in as clearly as possible)

Within (5) business days of the receipt of a written record request, the Town Clerk must make the record available, deny access in writing giving the reasons for denial, or furnish a written acknowledgement of receipt of the request and a statement of approximate date when the request will be granted or denied. Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Town Board, at the address above. A fee of \$.25 per page will be required.

NAME: _____ PHONE#: _____

ADDRESS: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

HOW YOU WOULD LIKE INFORMATION PROVIDED: EMAIL HARDCOPY MAILED

FOR OFFICE USE ONLY

Date Received: _____

Number of copies: _____ Charge: \$ _____

Denied (for the reason(s) checked below:

- Would impair contract awards or collective bargaining agreements
- Exempt by statute other than Freedom of Information Unwarranted invasion of personal privacy
- Record not maintained by this agency Law enforcement records
- Would endanger the life or safety of any person Other