TOWN OF CAMPBELL - OFFICE OF THE TOWN CLERK 8529 MAIN STREET, CAMPBELL, NY 14821 Request Pursuant to the Freedom of Information Law

Mail to: Town Clerk, at the above address

Email to: TOWNCLERK@CAMPBELLNY.COM

Fax to: 607-527-8280 Attn. Town Clerk

Clearly print or type all appropriate information below.

Name of Requester/Authorized Representative:

Billing Amount:_____

Addres	s:			
	(Street and №)	(City)	(State)	(Zip)
Phone N	Jo. <u>:</u>	E-mail Address:		
Detaile	d description of requested records: (Please	e, be specific.) Date of Request:		
	<u> </u>	• •		
Format	requested:	Number of pages requested (if	 known):	
	(Example: Hardcopy, email or fax)			
By subi	mitting this form, I hereby agree to pay fee	s associated with the following request.		
Fees				
As set fo	orth in Public Officers Law Section 87(1)(b)(iii) an	d (c) and 16 NYCRR 6-1.2, except when a different fee is o	therwise prescribed by	y statute:
(a)	the fee for copies of records from originals 8 1/2'	" x 11" and 8 1/2" x 15" shall be 25 cents per photocopy and		
(b)	(1) an amount equal to the hourly salary at	record shall be the actual cost, which shall include only: attributed to the lowest paid agency employee who has the ne	cessary skill required	to prepare a
	copy of the requested record;			
		r media provided to the person making the request in comply		
		ng an outside professional service to prepare a copy of a reconnadequate to prepare a copy, if such service is used to prepare		agencys
(c)	Preparing and reproducing a copy shall not include	de search time or administrative costs, and no fee shall be ch		two hours of
An addit	agency employee time is needed to prepare a cop	by of the record requested. zed representative, expressing consent to pay all applicable	food is magnified for ma	quasta
	to cost \$100 or more.	zed representative, expressing consent to pay an applicable	lees is required for rec	quests
•				
		w York State agencies (including authorities) or local agenci age limit applies to requests of the same person, or firm, with		Requesters,
where th	e records sought total rewer than 3 pages, this 3 pa	age minit applies to requests of the same person, or mini, with	illi aliy 5-day period.	
	Number of Pages copied:	Date 5-day response sent:		
	Media or other costs: (flash drive, cd, etc)	Date request filled:		

Notice of Request sent to Town Supervisor? Yes/No?_____

Town Attorney advised? Yes/No?_____