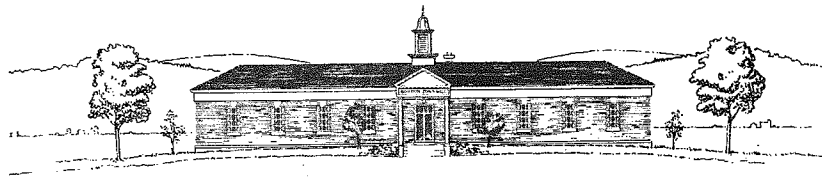




Jennifer A. Mulé
Boston Town Clerk



FOIL REQUEST FORM

TOWN OF BOSTON

Instructions: Complete all areas of this form and return to: Jennifer A. Mulé, Records Access Officer. After receiving your form, The Town of Boston is allowed (5) business days by New York State Law to respond to your request. A charge of 25 cents per page is payable upon receipt of the records. You will be contacted when the records are available for pick-up and informed of the total cost at that time. If any portion of the request is denied, you will be informed of the reasons in writing and provided with the contact information to which an appeal should be directed. For more information please call 941-6113 x0.

DATE OF RECORDS REQUESTED: _____

PRINTED NAME: _____

SIGNATURE: _____

FULL MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

Please identify the records in which you are interested as clearly as possible. Use the back of this form if necessary:

FOR AGENCY USE ONLY

Approved: YES NO

Denied for the following reason(s):

- Confidential Disclosure
- Part of Investigatory Files
- Unwanted Invasion of Personal Privacy
- Record of which this agency is Legal Custodian cannot be found
- Record is not maintained by this Agency
- Exempted by Statue other than the Freedom of Information Act

Signature: _____ Date: _____