

FREEDOM OF INFORMATION ACT

APPLICATION FOR ACCESS TO PUBLIC RECORDS

Freedom of Information Officer: *Deborah Barker* (607) 847-8909

Return completed form to: Town of New Berlin, NY
PO Box 845
New Berlin, New York 13411
Attn: FOIA Officer

Date of Request

Requestor's Name

P.O. Box or Street:
City, State, Zip:

Telephone

FAX

eMail

Specific Record(s) Requested

Specific Information Desired

[Print Form](#)

Office Use Only

Approved Denied

Reason for Denial:

Note: If your request was denied, you have the right to appeal, to the Town of New Berlin, Town Board.

Signature: _____

Title: _____

Date: _____