

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,
PO Box 845
New Berlin, New York 13411
Attn: FOIA Officer

Date of Request: _____

Requestor's Name: _____

Requestor's Address: _____

Telephone: _____

Specific Record(s)
Requested: _____

Specific Information
Desired: _____

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: _____