

FREEDOM OF INFORMATION FORM (FOIL)

**To: City of Olean Records Access Officer
PO Box 668
Olean, NY 14760**

I hereby apply to inspect the following record: (Please Print)

Signature: _____
Print Name: _____
Address: _____
Telephone: _____
Date: _____

Approved ()

Denied (for reasons checked below)

- Confidential Disclosure
- Part of Investigatory Files
- Unwarranted Invasion of Personal Privacy
- Record of which this Agency is Legal Custodian cannot be found
- Record is not maintained by this Agency
- Exempt by Statute other than the Freedom of Information Act
- Other

Signature: _____
Title: _____
Date: _____

**Notice: You have a right to appeal a denial of this application to the head of this agency Name: _____ Title: _____
Who must fully explain the reason in writing for such denial within ten business days of receipt of an appeal.**

I hereby appeal: _____ Date: _____