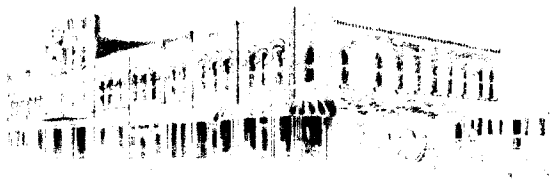


Mayor
WilliamExcell

Trustees
Margaret Cory
Daniel Piliero
Shari Taylor
John Muhlfield



Application for Public Access to Records (FOIL)

To: _____ (FOIL Officer)

I hereby request to receive the following record(s):

I certify that the information requested will not be utilized in any manner tending to constitute an unwarranted invasion of personal privacy as same is defined and delineated by the terms and provisions of Article 6 (Freedom of Information Law) of the Public Officers Law of New York State and I further agree to indemnify and hold the Village of Earlville harmless from any claim arising from any such unsanctioned use of the information requested.

Print Name	Signature	Date
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Mailing Address

_____ Copy Request ___ Office Visit (Check one)

Telephone Number

FOR DEPARTMENT USE ONLY

Approved _____

Denied _____

Reason for Denial _____

Number of Pages to be Copied _____ @ \$0.25 per copy = \$ _____ Rec'd \$ _____

Signature	Title	Date
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Notice: The records access officer has five days to approve or deny this request. You have a right to appeal a denial within 30 days of the denial. Records are available for inspection during the business hours of 8:00AM and NOON.

Village of Earlville, PO Box 88 - 8 North Main St., Earlville, New York 13332
Phone (315) 691-2121 • (TDD) 1-800-662-1220 • Fax (315) 691-5504