

APPLICATION FOR PUBLIC ACCESS TO RECORDS

"Freedom of Information Law" (FOIL) Request

NIAGARA COUNTY LEGISLATURE

Niagara County Courthouse, 175 Hawley Street Lockport, NY 14094-2740

TO: RECORDS ACCESS	SOFFICER	DATE:	
DEPARTMENT (DI	VISION):		
NAME Mr. / Mrs. / (Please Print) Ms. / Miss	, 	PHONE ()	
BUSINESS NAME (For Niagar employees, name of employing a	•		
MAILING ADDRESS			
I wish to inspect the follo	owing record(s): (PLEASE	E FULLY IDENTIFY)	
SIGNATURE:			
	STOP HERE - FOR		
	ou may see and/or copy this (th		
DATE:	TIME:	PLACE:	
DENIED - For the	e reason(s) checked below:		
	al disclosure		
Part of inve	estigatory files		
	ed invasion of personal privac	·v	
<u> </u>	not maintained by this agency		
<u>=</u>	by statute other than the Freed	lom of Information Law	
= '	•	not provide access to this information	
	urce of information is	1	
	which this agency is legal cust	todian cannot be found	
Other (spec			
-	• -		
SIGNATURE (Records Access Officer)		DATE	
Price Per Copy:	Received	I By:	
Number of Copies:		Amount Received:	
Amount Due:	Cash / C	heck / Money Order No:	

NC.21 2003