



Request for Freedom of Information

Name: _____ Business: _____

Address: _____

Email: _____ Phone: _____

Detailed Description of the Records Requested: _____

How would you prefer the city to respond with such records, or with reason for denial?

_____ Emailed to address above, if available in electronic form

_____ Hard copies sent to mailing address above (25¢ per page)

_____ In person at the City Code office

_____ Applicant Signature _____ Date

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For Agency Use

Date Received: _____

Fee: \$ _____

___ **Approved**

___ **Denied for Reason (s) below**

___ Confidential Disclosure

___ Record is not maintained by this Agency

___ Part of Investigatory Files

___ Record does not exist

___ Unwarranted Invasion of Personal Privacy

___ Exempted by Statute other than the FOI law

___ Records of which this Agency is Legal
Custodian Cannot be Found

___ Other

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You have the right to appeal a denial of this application in writing within 30 days to the Mayor of the City of Cortland at 25 Court Street, Cortland NY 13045 or mayorofc@cortland.org. The Mayor's phone number is 607-753-0872. The mayor shall have 10 business days after the receipt of the appeal to fully explain in writing the reasons for the denial or to grant access to the record.

I hereby appeal: _____ Date: _____