**Records Access Form**

All requests received will be responded to in accordance with §89(3) of the Freedom of Information Law which requires the Village response to the request in five business days from receipt of the request and grant or deny access in whole or in part, or if more time is needed the receipt of the request will be acknowledged in writing. All acknowledgements will include an approximate date that indicates when the request will be granted or denied (in whole or in part). Timelines to fulfill requests may vary depending on a number of factors including but not limited to clarity of the request, location of the record(s), the form of the record, copying if required, format conversion if applicable, and delivery of the record(s).

Costs:

The Village of Copenhagen charges twenty-five cents per photocopy not in excess of eight and one half by fourteen inches, or in the case of records that cannot be photocopied, the actual cost of reproduction (for example, photographs, computer discs, tape recordings, etc.).

To: Records Access Officer

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Street Address) (City) (State) (Zip)

Day Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I hereby apply to inspect the following record of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Name of Department**

*Record(s) requested, please be specific:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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THIS SECTION FOR OFFICIAL USE

|  |  |
| --- | --- |
| Date Request Received by Clerk |  |
| Response Date |  |
| Date request completed |  |
| Number of pages provided @ .25 per page |  |
| Total amount billed |  |