



PUBLIC INFORMATION REQUEST LOG

Requester: _____ Address: _____

_____ Zip: _____ Phone: _____

INFORMATION REQUESTED: Project/Subject: _____

_____ Date of Request: _____

Document Date:	Description of Information Requested:
_____	_____
_____	_____
_____	_____
_____	_____

Received By: _____ Date: _____

Staff Person Signature: _____ Date: _____

Number _____ of Photocopies at \$ _____ Per Copy = Total Collected: _____

VILLAGE OF TRUMANSBURG USE ONLY – For request made under the Freedom of Information Act:
APPROVED _____ DENIED _____ (FOR THE REASON(S) CHECKED BELOW)

- _____ Confidential Disclosure _____ Part of Investigatory Files
- _____ Exempted by stature other than FOIL _____ Unwarranted Invasion of Personal Privacy
- _____ Other (specify) _____

Department Head Signature Title Date

Records Access Officer Signature Date

NOTICE: Requester has the right to appeal a denial of information requests to the Records Access Officer of the Village of Trumansburg, who must fully explain his/her reasons for such denial in writing seven (7) days from receipt of appeal.

I HEREBY APPEAL:

Signature: _____ Date: _____