

## TOWN OF BYRON

7028 Route 237, P.O. Box 9, Byron, New York 14422 Phone: (585) 548-7123 Fax: (585) 548-2812 www.byronny.com

## APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date:	
	eaton, Records Access Officer e following record(s): (Identify records you are interest in as clearly as possible.)
	ocuments first and then ask for copies of the ones you actually want. requested: (\$.25 per copy)
Signature: _	
Printed Name: _	
Address:	
City/State/Zip: _	
Daytime Phone: _	
******	**************************************
APPROVED	Tr'
Date	Time
Photocopies: Num	ber Charge
Exe	eason(s) checked below) empted by statute other than Freedom of Information warranted invasion of personal privacy ould impair contract awards or collective bargaining agreements ade secret; confidential commercial information w enforcement records ould endanger the life or safety of any person eragency or intra-agency materials cord is not maintained by this agency cord of which this agency is legal custodian cannot be found ere (specify)

Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Byron, 7028 Rte. 237, Byron, NY 14422.