

FREEDOM OF INFORMATION REQUEST

TO THE APPLICANT: Please identify the specific records you wish to inspect below using names, dates, addresses, etc., sign in the appropriate place, and return to the Geneva City Clerk, Records Access Officer, 47 Castle Street, Geneva, New York 14456. The completion of this form will facilitate access to records you seek.

TO THE CITY OF GENEVA:

I hereby apply to inspect the following records under the provisions of the Freedom of Information Law:

Choose one below:

_____ Please contact me with the date I may come into the office to inspect the records. After inspection, should I desire copies of all or part of the records inspected, I will identify the records to be copied and hereby offer to promptly pay the established fees. (Cost of reproduction or \$.25 per page is applicable.)

_____ Please contact me before making copies of the records, and I will promptly pay the established fees. (Cost of reproduction or \$.25 per page is applicable.)

_____ Please send electronic copies to the email below if they are available in electronic format*

Name (Print): _____

Business Name: _____

Phone Number: _____

Mailing Address: _____

City, State, Zip Code: _____

Signature: _____ Date: _____

Email Address: _____

*NOTE – If the documents requested are not already in electronic format, we are not required to convert the documents to electronic.