



VILLAGE OF CUBA

17 East Main St.
Cuba, New York 14727
www.cubany.org

Office- (585)-968-1560 Fax (585)-968-9104 DPW Garage-(585)-968-2487 TDD/711

Application for Public Access to Records

Date: _____

To: **Corine Bump, Records Access Officer**

I wish to inspect the following record(s): Please identify the records you are interested in as clearly as possible

You may inspect documents first and then ask for copies of the ones you actually want or you may choose one of the following:
If there are any fees for copying the records requested, above and beyond the twenty-five (\$.25) cents per copy: (check one)
_____ Please inform me before filing the request **OR** _____ Please supply the records without informing me, if the fees are not in excess of \$_____.

Signature: _____

Printed Name: _____

Address: _____

City/State/Zip Code: _____

Daytime Phone Number: _____

FOR AGENCY USE ONLY

APPROVED

Date: _____ Time: _____

Photocopies: Number _____ Fee Charged: _____

DENIED (for the reason(s) checked below)

- _____ Exempted by the statute other than Freedom of Information
- _____ Unwarranted invasion of personal privacy
- _____ Would impair contract awards or collective bargaining agreements
- _____ Trade secret; confidential commercial information
- _____ Law Enforcement records
- _____ Would endanger the life or safety of any person
- _____ Interagency or intra-agency materials
- _____ Record is not maintained by this agency
- _____ Record of which this agency is the legal custodian and cannot be found
- _____ Other (Specify): _____

Any person denied access to records may appeal the denial within 30 days. Such appeals should be addressed to the Village of Cuba, NY Board of Trustees, Cuba, NY 14727. EQUAL OPPORTUNITY EMPLOYER