

**DENISE HOOD  
TOWN OF HOPEWELL  
TOWN CLERK/TAX COLLECTOR  
2716 County Road #47  
Canandaigua, New York 14424**

[www.townofhopewell.org](http://www.townofhopewell.org)

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[dhood@townofhopewell.org](mailto:dhood@townofhopewell.org)

TDD: 1-800-662-1220

FAX: 585-394-8714

**APPLICATION FOR PUBLIC ACCESS TO RECORDS**

To: \_\_\_\_\_ (Department Name)

I hereby request to receive the following records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information requested will not be utilized in any manner tending to constitute an unwarranted invasion of personal privacy as same is defined and delineated by the terms and provisions of Article 6 (Freedom of Information Law) of the Public Officers Law of New York State and I further agree to indemnify and hold the Town of Hopewell harmless from any claim arising from any such unsanctioned use of the information requested.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date & Time

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone #

Yes \_\_\_\_\_ No \_\_\_\_\_  
Copies Requested?

**FOR DEPARTMENT USE ONLY**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

Number of pages to be copied: \_\_\_\_\_ @ 0.25 per copy \$ \_\_\_\_\_ Received: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Sent to Department: \_\_\_\_\_ Date: \_\_\_\_\_

Notice: The records access officer has five days to approve or deny this request. You have a right to appeal a denial within 30 days of the denial. Records are available during the Town Clerk's regular business hours of 8:00 AM – 12:00 NOON, and 1:00 PM – 4:00 PM, Monday through Thursday.

Sent to Department: \_\_\_\_\_ Date: \_\_\_\_\_

"This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, USDA, Washington, 20250-0700."