

DENISE HOOD
TOWN OF HOPEWELL
TOWN CLERK/TAX COLLECTOR
2716 County Road #47
Canandaigua, New York 14424
dhood@townofhopewell.org
(585) 394-0036, ext. 1

TDD: 1-800-662-1220

FAX: 585-394-8714

REQUEST FOR RECORDS BY EMAIL

[The subject line of your request should be "FOIL Request".]

Dear Records Access Officer:

(1) Please email the following records if possible [include as much detail about the record as possible, such as relevant dates, names, descriptions, etc.]:

(2) Please advise me of the appropriate time during normal business hours for inspecting the following records prior to obtaining copies [include as much detail about the records as possible, including relevant dates, names, descriptions, etc.]:

(3) Please inform me of the cost of providing paper copies of the following records [include as much detail about the records as possible, including relevant dates, names, descriptions, etc.].

(4) If all the requested records cannot be emailed to me, please inform me by email of the portions that can be emailed and advise me of the cost for reproducing the remainder of the records requested (\$0.25 per page or actual cost of reproduction).

(5) If my request is too broad or does not reasonably describe the records, please contact me via email so that I may clarify my request, and when appropriate inform me of the manner in which records are filed, retrieved or generated.

If it is necessary to modify my request, and an email response is not preferred, please contact me at the following telephone number:_____.

If for any reason any portion of my request is denied, please inform me of the reasons for the denial in writing and provide the name, address and email address of the person or body to whom an appeal should be directed.

Name:

Address [if records are to be mailed]:

“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.”

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 - Thursday.

Sent to Department: _____ Date: _____