TOWN OF BATAVIA FIRE DEPARTMENT

Request to Examine Official Records

Date of Request_____

Person making request_____

On behalf of (firm or organization)_____

Address_____

Telephone Number_____

Email Address_____

Description of item/s requested for examination: (PLEASE BE SPECIFIC)

_____

_____

_____

Dated_____

Photo-copy requested? ☐ **yes** ☐ **no**

(Price for standard copies is $.25 each)

_____

Signature

(For Town use only)

Approved for examination ☐ **yes** ☐ **no**

If no, reason for denial_____

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Freedom of Information Officer

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PUBLIC RECORDS AND PHOTOGRAPHIC COPIES WILL BE PROVIDED AT THE DEPARTMENT CONVENIENCE WITHIN THE GUIDELINES OF THE FREEDOM OF INFORMATION ACT