



**CITY OF CORTLAND
OFFICE OF CITY CLERK**

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ANDREW T. JEWETT
CITY CLERK

Request for Freedom of Information

FEE: \$.25 per page - \$15 per CD - Other fees dependent upon item requested

I, _____
(Please Print Full Name)

(Please Print Full Address)

(Area Code and Telephone Number)

Request a Copy of:

(Description of the Information Requested)

That occurred on or about _____
(Date)

(Applicant Signature) (Date)

Received by:

City Clerk's Office

FOR AGENCY USE ONLY

___ Approved **Fees Paid** \$ _____

Denied (for the reason(s) checked below)

- ___ Confidential Disclosure
- ___ Unwarranted Invasion of Personal Privacy
- ___ Record of which this Agency is Legal Custodian cannot be found
- ___ Record is not Maintained by this Agency
- ___ Exempt by Statute other than FOIL
- ___ Other (specify) _____

You have a right to appeal a denial of this application within 30 days to the City Attorney's Office at City Hall, 25 Court Street, Cortland, NY 13045, who must fully explain the reasons for such denial in writing within 10 business days of receipt of an appeal.

I Hereby Appeal:

Signature Date