



CITY OF CORTLAND OFFICE OF CITY CLERK

25 COURT STREET • CORTLAND, NY 13045
PHONE (607) 756-6521 • FAX (607) 756-4644

ANDREW T. JEWETT
CITY CLERK

Request for Records

Name: _____ Business: _____

Address: _____

Email: _____ Phone: _____

Detailed Description of the Record(s Requested: _____

How would you prefer the city to respond with such records, or with reason for denial?

- | | |
|--|--|
| <input type="checkbox"/> Emailed to address above, if available in electronic form | <input type="checkbox"/> Put on CD, if available in such form (\$10) |
| <input type="checkbox"/> Hard copies sent to mailing address above (25¢ per page) | <input type="checkbox"/> In person at the City Clerk's office |

Applicant Signature: _____ Date: _____

.....
FOR AGENCY USE

Date Received: _____

Approved **Fees \$** _____

Denied for the reason(s) below:

- | | |
|--|---|
| <input type="checkbox"/> Confidential Disclosure | <input type="checkbox"/> Record is not Maintained by this Agency |
| <input type="checkbox"/> Part of Investigatory Files | <input type="checkbox"/> Record Does not Exist |
| <input type="checkbox"/> Unwarranted Invasion of Personal Privacy | <input type="checkbox"/> Exempted by Statute Other than the FOI Law |
| <input type="checkbox"/> Record of Which this Agency is Legal Custodian
Cannot be Found | <input type="checkbox"/> Other (Specify) |

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You have the right to appeal a denial of this application in writing within 30 days to the Mayor of the City of Cortland at 25 Court Street, Cortland NY 13045 or mayorofc@cortland.org. The Mayor's phone number is 607-753-0872. The mayor shall have 10 business days after the receipt of the appeal to fully explain in writing the reasons for the denial or to grant access to the record.

I hereby appeal: _____ Date: _____