

(This form is *for convenience* and not required for your request.)

APPLICATION FOR INFORMATION

(In compliance with the Freedom of Information Act, which changed January 1, 2010, you will receive a response within 5 business days)

VILLAGE OF WESTVILLE

DATE: _____ TIME: _____

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONES: _____

IF PUBLIC BODY, BUSINESS ORGANIZATION, CIVIC ORGANIZATION OR OTHER:

NAME OF ORGANIZATION: _____

ADDRESS: _____

POSITION OF APPLICANT: _____

REQUEST IS FOR: (check one)

_____ COPIES OF RECORDS (15¢/pg. after first 50 pages)

_____ VIEWING OF RECORDS _____ DIGITAL (provide email)

Email: _____

WRITTEN DESCRIPTION OF PUBLIC RECORD REQUESTED WITH THE DESCRIPTION CLEAR ENOUGH TO HELP US IDENTIFY EXACTLY WHAT YOU ARE REQUESTING: _____

-----**BELOW THIS LINE FOR VILLAGE USE**-----

REQUEST: ALLOWED DENIED (CIRCLE ONE)

BY: _____ DATE/TIME RCVD. _____

REASON FOR DENIAL: _____

PUBLIC ACCESS COUNSELOR CONTACTED: yes no (circle one) date: _____

COPY FEES (15¢/pg. after first 50pgs) _____ pgs. Fee _____ Pd. _____

DATE DUE _____ EXTENSION REASON _____