

# Village of Canton

60 Main St.  
Canton, NY 13617  
Phone (315) 386-2871  
Fax (315) 386-1361

Sally Noble  
Records Access Officer  
[snoble@cantonny.us](mailto:snoble@cantonny.us)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I hereby apply to obtain a copy of the following record: \_\_\_\_\_

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\_\_\_\_\_  
(Signature)

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### For Agency Use Only

Approve ( )

**Denied for reason(s)**

- ( ) Confidential Disclosure
- ( ) Unwarranted Invasion of Personal Privacy
- ( ) Record which this Agency as legal Custodian Cannot be Found
- ( ) Record is not Maintained by this Agency
- ( ) Exempted by Statue Other than the Freedom of Information Act
- ( ) Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
(Signature/Title)

\_\_\_\_\_  
(Date)

**NOTICE:** You have a right to appeal a denial of this application to the Village of Canton.