

TOWN OF CANTON
60 Main Street
Canton NY 13617
315-386-3735
cantontc@cantonnewyork.us

Lisa Hammond
Records Access Officer

Name:

Date:

Address:

Telephone

Email:

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

Signature

Approve ()

Denied for reason (s)

- () Confidential Disclosure
- () Unwarranted Invasion of Personal Privacy
- () Record which this Agency as legal Custodian Cannot be Found
- () Record in not Maintained by this Agency
- () Exempted by Status 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 Town of Canton