

**Village of Lake Placid
Freedom of Information Act
Request Form**



To: Records Officer
Village of Lake Placid
2693 Main St.
Lake Placid, N.Y. 12946

From: _____
Address: _____
Phone: _____

I, _____ do hereby request a copy of the following records
Name

(Please provide – Date of Record, or other information to help find the record)

For the following purpose: _____

(Signature)

(Date)

For Agency Use Only

APPROVED: _____

DENIED: _____ *for the following reasons

- _____ Confidential Disclosure
- _____ Unwarranted invasion of personal privacy
- _____ Part of Investigatory Files
- _____ Record not maintained by this agency
- _____ Record of which this agency is legal custodian cannot be found
- _____ Exempted by statute other than Freedom of Information Act
- _____ Other: _____

Application for public access to records will be accepted during business hours 8:00am – 5:00pm or via mail.

NOTICE: You have 30 days to appeal a denial of this application with the Village Clerk, who must fully explain the reasons for such denial in writing within 10 days of receipt of your appeal.

** Please note that there will be a \$.25 charge per photocopy for each page of each report requested