

**FREEDOM OF INFORMATION FORM (FOIL)**

**To: City of Olean Records Access Officer  
PO Box 668  
Olean, NY 14760**

**I hereby apply to inspect the following record: (Please Print)**

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**Signature:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Approved ( )**

**Denied (for reasons checked below)**

- Confidential Disclosure
- Part of Investigatory Files
- Unwarranted Invasion of Personal Privacy
- Record of which this Agency is Legal Custodian cannot be found
- Record is not maintained by this Agency
- Exempt by Statute other than the Freedom of Information Act
- Other

**Signature:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

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**Notice: You have a right to appeal a denial of this application to the head of this agency Name: \_\_\_\_\_ Title: \_\_\_\_\_**

**Who must fully explain the reason in writing for such denial within ten business days of receipt of an appeal.**

**I hereby appeal: \_\_\_\_\_ Date: \_\_\_\_\_**