

City of Olean

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 records: (Please Print)

Signature: _____
Print Name: _____
Address: _____
Telephone: _____
Date: _____

For Agency Use Only

Approved

Denied (for the reason(s) 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: _____

Notice You Have a Right to Appeal a Denial of this Application to the Head of this Agency

Name: _____ Title: _____

Who must fully explain his/her reason I writing for such denial within seven days of receipt of an appeal.

I Hereby Appeal: _____ Date: _____
(signature)