

Town of Onondaga
5020 Ball Road
Syracuse, NY 13215
Phone (315)469-1583
Fax (315)469-1549
Email: jhillery@townofonondaga.gov

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date: _____

To: Janet Hillery, Records Access Officer

Instructions: Identify the records you are interested in as clearly as possible. When applicable please indicate the property address and/or tax ID number. You may inspect the documents first and then request copies for \$.25 per page. Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Onondaga at the address listed above.

I wish to inspect the following documents:

I, the undersigned, certify that these documents will **not** be used for **commercial purposes, soliciting, fundraising, or passed on to others.**

Signature: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Fax: _____

E-Mail Address _____

Office use only

Sent to Department: Date _____

_____ Assessor _____ Clerk's Office _____ Planning & Development

_____ Supervisor _____ Tax Office _____ Town Attorney

_____ Town Engineer _____ Other

FOR AGENCY USE ONLY

Five Day Letter completed by (name): _____

Five Day Letter mailed (date): _____

FOIL completed by (name): _____

Date/Time completed: _____

Number of copies: _____

Charge: _____

Number of Hrs/Rate _____

Charge: _____

Total: _____

Copies Mailed: _____

Faxed: _____

PDF'd: _____

DENIED

- _____ Exempted by Statute other than Freedom of Information
 - _____ Unwanted invasion of personal privacy
 - _____ Would impair contract awards of collective bargaining agreements
 - _____ Trade secret; confidential commercial information
 - _____ Law enforcement records
 - _____ Would endanger the life or safety of another person
 - _____ Interagency or intra-agency materials
 - _____ Record of which this agency is legal custodian cannot be found
 - _____ Other (specify) _____
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Communication notes:
