F.O.I.L. – Freedom of Information Law

TOWN OF GATES APPLICATION
FOR ACCESS TO PUBLIC RECORDS

Submit to: Town of Gates, Town Clerk 1605 Buffalo Road, Rochester, NY 14624

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP:_____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

SIGNATURE: _____DATE REQUESTED: _____

RECORD REQUESTED (be very specific)

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☐ Indicate by checking box if you would like to receive documents electronically.

Upon review of the application, a notice of receipt will be sent within 5 business days as to the disclosure and availability of the requested document(s) to be provided. It shall not be more than 20 business days after the date of the acknowledgment that the record(s) are available or that access is denied in which notification will be given in writing stating the reasons for denial.
Copies of requested documents are subject to $.25 per page, per side unless you choose to receive response via electronic mail.