## FREEDOM OF INFORMATION LAW REQUEST FORM

TO: RECORDS ACCESS OFFICER COUNTY OF TIOGA LAW DEPARTMENT 56 MAIN STREET OWEGO, NY 13827 or e-mail:	
<b>PRINT</b> THE FOLLOWING INFORMA	TION:
NAME:	ADDRESS:
PHONE:	
EMAIL:	
I HEREBY APPLY TO INSPECT TH	IE FOLLOWING RECORDS:
TIME PERIOD COVERED BY REQ	UEST:
(If no time period given, we reserve the r	right to deny as too broad or burdensome to comply.)
	REPRESENTING:
submission of your request. Tioga County no obligation to verify the "signature" pro individual requesting the information is su	
Your request will be granted, denied or acknowledged within five (5) business days of receipt of this request.  **FOR COUNTY USE ONLY**	
☐ APPROVED	☐ <b>DENIED</b> (For reasons checked below)
	<ul> <li>☐ Unwarranted invasion of personal privacy</li> <li>☐ Record not maintained by this Agency</li> <li>☐ Exempted from disclosure by state or federal statute</li> <li>☐ Compiled for law enforcement purposes - part of investigatory files</li> <li>☐ Request too broad</li> <li>☐ Inter-agency or intra-agency communication</li> <li>☐ Disclosure would impair present or imminent contract awards or collective bargaining negotiations</li> <li>☐ Disclosure would cause substantial injury to competitive position of subject enterprise</li> <li>☐ Other</li> </ul>
Signature	Title Date

NOTICE: You have the right to appeal this decision. If you wish to do so, you must file a written appeal with the Tioga County Legislature within thirty (30) days of the date of denial. The appeal must contain the following information: the date and location of a request for records, the records that were denied and the name and address of the appellant.