## Town Of Au Sable

## 111 Au Sable Street, Keeseville New York 12944 Telephone: 518-834-9052 Fax: 518-834-9519

## FREEDOM OF INFORMATION LAW (FOIL) REQUEST

TO:	Department (please specify)
I wish to inspect the following record(s):	
Name	
Mailing Address	
Phone (W)	(H)
TO: Applicant-your rec	uest is hereby:
APPROVED	TOTAL CHARGE:\$
	ed, picked up in person, or mailed to applicant. If mailed, postage will be ds is \$.25 per page. Additional charges apply for large documents,
DENIED (or denied in	n part) for the reasons check below:
Release of	information would constitute an unwarranted invasion of personal privacy
	nay look at construction/building plans but not make a copy of them
	quested cannot reasonably be located based on description
	information would endanger the life or safety of a person
	exists which responds to request/record cannot be found
	ot maintained by this agency
	y or intra-agency materials
•	records withheld as criminal action still pending
	by a law other than FOIL
•	thheld because no criminal action pending
Otner	
DECORD C 4.345.00 C-2-2-2	
RECORDS ACCESS OFFF	ICER DATE

Any person denied access to records may appeal the denial in writing within 30 days. Such appeal shall be heard by the Town Attorney of the Town of Au Sable, 111 Au Sable Street, Keeseville, NY 12944.