

Town of Bethel Town Clerk's Office
P.O. Box 300, White Lake, NY 12786
Phone: (845) 583-4350 ext. 101
Fax: (845) 583-4710
E-mail: bethelclerk@hvc.rr.com

Freedom of Information (FOIL) Request
Application for Access to Public Records
PLEASE PRINT

Name of Applicant:

Full Address:

Phone Number: E-mail address:

Check one: Examine Scanned Photocopies (\$0.25 per copy) \$ max. amount

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List the records that you wish to examine or have copied. **Please be specific as possible.**

**FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE**

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Distribution Information: Supervisor/Accounting Constables Town Clerk's Office
 Assessor's Office Building Department Animal Control
 Other _____

Date Received: _____ Date Completed: _____

Picked-Up Mailed Faxed Scanned/E-Mailed

Amount Due \$ _____ Cash Check Credit Card¹

- DENIED
- _____ Exempted by statute other than Freedom of Information
 - _____ Unwarranted invasion of personal privacy
 - _____ Would impair contract awards or collective bargaining agreements
 - _____ Trade secret; confidential commercial information
 - _____ Law enforcement records
 - _____ Would endanger the life or safety of any person
 - _____ Interagency or intra-agency materials
 - _____ Record is not maintained by this agency
 - _____ Record of which this agency is legal custodian can not be found
 - _____ Other _____

APPEAL PROCEDURE:

You may appeal this denial within 30 days to the Town of Bethel Supervisor and a copy must be sent to the NYS Committee on Open Government. Upon receipt of your appeal the Supervisor has ten days to either explain further your denial or to supply you with the records you requested.

¹ Credit Card company charges a \$2.00 minimum surcharge for credit or debit payments; over \$30 the fee increases by 3%.