

CITY OF BATAVIA

REQUEST TO EXAMINE OFFICIAL RECORDS

Date of Request _____ Person Making Request _____

On behalf of (Firm or Organization) _____

Address _____

Telephone Number _____

Fax Number _____

E-mail Address _____

Request to review records for property at: _____

List documents requested for review: _____

Dates: _____

Other Identifying Information _____

Photo-copy requested? Yes No
(Price for copies \$.25 each)

Signature

(For City Use Only)

Approved for Examination Yes No

If no, reason for denial _____

Freedom of Information Officer

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PUBLIC RECORDS AND COPIES WILL BE PROVIDED AT CITY CONVENIENCE
WITHIN THE GUIDELINES OF THE FREEDOM OF INFORMATION ACT.