

1100 Woods Road, Solvay, NY 13209

Office of the Treasurer/Village Clerk Michael Fecco

315-468-1651 or fax 487-1723

TO: Michael Fecco, Records Access Officer	
I hereby apply to inspect the following records:	
-	
	c: freedom of records.doc/word
Signature:	Date:
Representing:	
Address:	
City/State/Zip:	
(For Agency U	Use Only)
Approved	
Denied (for reason(s) checked below)	
Confidential disclosure	
Record of which this agency is legal custodian cannot be f	ound
Record is not maintained by this agency Exempted by statute other than the Freedom of Informatio	n Act
Other: (Specify)	
Signature of Records Access Officer	Date
Notice: You have the right to appeal a denial of this applied days of a denial.	cation to the head of this agency within thirty (30)
Name	Address
Who must fully explain his reasons for such denial in writing	ing ten (10) days of receipt of an appeal.
I hereby appeal:	
Signature:	Date