Town of Sweden
18 State Street
Brockport, NY 14420
(585) 637-2144
townclerk@townofswedenny.gov

Application for Access to Public Records

Date requested: _____

Name of Applicant: _____

Mailing address: _____

_____

Email address: _____

Phone number: _____

Records requested (please be as specific as possible): _____

_____

_____

_____

_____

_____

_____

Approved: _____Denied: _____

Reason for denial: _____

_____

Number of copies: _____ Received at $.25 per copy $_____

Date of Response: _____ Paid date: _____

**Note: The Freedom of Information Law requires that within five business days of the receipt of a written request for a record reasonably described, the "agency" must make the record available, deny access in writing giving the reasons for denial, or furnish a written acknowledgement of receipt of the request and a statement of the approximate date when the request will be granted or denied.