

**HERKIMER COUNTY  
FREEDOM OF INFORMATION REQUEST**

**To:   Records Access Officer**

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Address

I hereby apply for **copies of:** \_\_\_\_ / **to inspect:** \_\_\_\_ the following record(s): (select one)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*I agree to pay \$0.25 per page of copies of requested records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representing

\_\_\_\_\_  
Mailing Address

.....  
**FOR AGENCY USE ONLY**

Approved \_\_\_\_\_

Denied    \_\_\_\_\_

Record of which this agency is Legal Custodian cannot be found \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please fill out and print this document. Be sure to sign and date it, and return in person or by mail to:  
Herkimer County Legislature, 109 Mary Street, Suite 1310, Herkimer, NY 13350,  
or by fax to 315-867-1109.

**FREEDOM OF INFORMATION REQUEST**

**NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION WITHIN THIRTY (30) DAYS FROM THE DATE HEREOF TO THE HEAD OF THIS AGENCY:**

**JAMES W. WALLACE, JR.  
109 MARY STREET – SUITE 1310  
HERKIMER, NY 13350**

**WHO MUST FULLY EXPLAIN HIS REASONS FOR SUCH DENIAL IN WRITING WITHIN TEN (10) BUSINESS DAYS OF RECEIPT OF AN APPEAL.**

**I HEREBY APPEAL:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date