



FREEDOM OF INFORMATION FORM

Niagara Falls Water Board
5815 Buffalo Avenue
Niagara Falls, NY 14304
716-283-9770

Please Print

DATE: _____

NAME: _____

NAME OF ORGANIZATION/AGENCY (IF ANY): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

I HEREBY APPLY TO PURCHASE/INSPECT THE FOLLOWING RECORD(S): (PLEASE FULLY IDENTIFY)

Multiple horizontal lines for identifying records.

SIGNATURE: _____

COPIES OF RECORDS ARE 25CENT PER PAGE

*****STOP -- FOR AGENCY USE ONLY*****

APPROVED: _____

_____ DENIED -- FOR THE REASON(S) CHECKED BELOW:

- Confidential disclosure
Part of investigation files
Unwarranted invasion of personal privacy
Record is not maintained by this agency
Exempted by stature other than the Freedom of Information Law
Record to which this agency is legal custodian cannot be found
The Freedom of Information Law does not provide access to this information
Other-

Please Specify: _____

SIGNATURE: _____ DATE: _____

TITLE: _____

NOTICE: You have a right to appeal a denial of this application to the head of this Agency, who must fully explain his/her reason for denial within ten (10) business days of receipt of an appeal.

I hearby appeal: _____ Date: _____

Name: _____ Address: _____