

**FREEDOM OF INFORMATION REQUEST
CITY OF LACKAWANNA
714 RIDGE RD., ROOM 215, LACKAWANNA, NEW YORK 14218
www.lackawannany.gov**

DATE _____ (\$.25 PER PAGE FOR COPIES UNDER FOIL; DISK COPIES \$1.00)

TO: RECORDS MANAGEMENT OFFICER

I request the following records; (Please print and identify as clearly as possible)

NAME: _____ SIGNATURE _____

ADDRESS: _____

CITY/STATE/ZIP _____

DAYTIME PHONE NUMBER _____

REASON FOR REQUESTING ACCESS TO THESE RECORDS (PERSONAL REASONS IS NOT A
VALID EXPLANATION.)

*****AGENCY USE ONLY*****

REFERRED TO: _____ DEPT. DATE REFERRED _____

DATE REQUEST RECEIVED _____ APPROVED _____ DENIED _____

REASONS DENIED:

- EXEMPTED BY STATUE OTHER THAN FREEDOM OF INFORMATION
- UNWARRANTED INVASION OF PERSONAL PRIVACY
- WOULD IMPAIR CONTRACTS OR COLLECTIVE BARGAINING AGREEMENTS
- WOULD INTERFERE WITH LAW ENFORCEMENT OR JUDICIAL PROCEEDINGS
- ENDANGER THE LIFE OR SAFETY OF ANY PERSON
- INTER-AGENCY OR INTRA- AGENCY MATERIAL
- RECORD NOT MAINTAINED BY THIS AGENCY
- RECORD OF WHICH THIS AGENCY IS LEGAL CUSTODIAN AND CANNOT BE FOUND
- EXCEEDS RECORD RETENTION SCHEDULE SET BY LAW, NO LONGER AVAILABLE
- TOO VAGUE, SPECIFIC DATES OR REQUEST IS NOT CLEAR.
- OTHER

SPECIFY: _____