TO: RECORDS ACCESS OFFICER
Wayne County Board of Supervisors
26 Church Street
Lyons, New York 14489

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD(S):

____________________________________
Name (Please print)

____________________________________
Mailing Address

____________________________________
Date

Signature      Title of Agency (if any)

RECORDS ACCESS OFFICER

_____ APPROVED

_____ DENIED (for the reason(s) checked below)

_____ Confidential Disclosure
_____ Part of Investigatory Files
_____ Unwarranted Invasion of Personal Privacy
_____ Record of Which this Agency is Legal Custodian Cannot be Found
_____ Record is not Maintained by this Agency
_____ Exempted by Statute Other than the Freedom of Information Act
_____ Other (specify)

Signature      Title      Date

PLEASE ADDRESS ALL FOIL REQUESTS TO:
Wayne County Board of Supervisors
26 Church Street
Lyons, New York 14489
Attn: Sandra J. Sloane, Freedom of Information Officer
(315)946-5400
Fax: (315) 946-5407
SSloane@co.wayne.ny.us