

**Town of Shelby**  
Office of the Town Clerk  
4062 Salt Works Road,  
Medina, NY 14103  
Phone: (585)798-3120  
Fax: (585)798-1108

**Records Access Application**  
**Under the Freedom of Information Law**

Date of Request: \_\_\_\_\_

(Please Print)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Representing: \_\_\_\_\_

\_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

\_\_\_\_\_

I hereby apply to: Inspect <input type="checkbox"/> or Receive copies of <input type="checkbox"/> the following record(s):

Signature of Applicant: \_\_\_\_\_

I understand the Records Access Officer must respond to my request within five (5) business days of receipt of written request by making the records available or by denying access in writing giving the reasons for denial or proving a written acknowledgement of receipt of the request and a statement of the approximate date when the request will be granted.

I also understand that I will be charged \$ .25 per photo copy for documents up to 9"x14". Fees for other records will be based upon the actual cost of reproduction. Payment must be made at the time copies of records are provided.

**Return completed application to:**

**Darlene Rich, Shelby Town Clerk**  
**4062 Salt Works Road,**  
**Medina, New York 14103**

**For Agency use ONLY:**

Approved ☐ Denied ☐ Record not maintained by Town ☐

Date: \_\_\_\_\_ Signature of Records Access Officer: \_\_\_\_\_