Town of Sweden 18 State Street Brockport, NY 14420 (585) 637-2144 karens@townofsweden.org

Application for Access to Public Records

Date requested:		
Mailing address:		
Email address:		
Phone number:		
	be as specific as possible):	
Approved:	Denied:	
Reason for denial:		
Number of copies:	Received at \$.25 per copy \$	
Date of Response:	Paid date:	

**Note: The Freedom of Information Law requires that within five business days of the receipt of a written request for a record reasonably described, the "agency" must make the record available, deny access in writing giving the reasons for denial, or furnish a written acknowledgement of receipt of the request and a statement of the approximate date when the request will be granted or denied.