

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

DATE: _____

TO: Records Management Officer
I request the following records:

Name: _____ **Signature:** _____
Address: _____ **City/State/Zip:** _____
Phone Number: _____ **Cost (\$0.25 per page)** _____

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

Department Referred to: _____ **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 Unclear _____
- Other: _____