## FREEDOM OF INFORMATION LAW REQUEST FORM

COUNTY OF TIOGA LAW DEPARTMENT 56 MAIN STREET OWEGO, NY 13827 or e-ma	ER DATE:
PRINT THE FOLLOWING INFORM	MATION:
NAME:	ADDRESS:
PHONE:	
EMAIL:	_
I HEREBY APPLY TO INSPECT	THE FOLLOWING RECORDS:
TIME PERIOD COVERED BY RI	
(If no time period given, we reserve the	he right to deny as too broad or burdensome to comply.)
SIGNATURE*	REPRESENTING:
submission of your request. Tioga Cou	ping of your name shall constitute a valid and legal signature for nty has the right to rely upon the information submitted and shall assume provided. Any submission not using the proper and legal name of the s subject to denial and/or prosecution.
	acknowledged within five (5) business days of receipt of this request.
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	**FOR COUNTY USE ONLY**
□ APPROVED	<b>FOR COUNTY USE ONLY**</b>

Signature

Date

NOTICE: You have the right to appeal this decision. If you wish to do so, you must file a written appeal with the Tioga County Legislature within thirty (30) days of the date of denial. The appeal must contain the following information: the date and location of a request for records, the records that were denied and the name and address of the appellant.