



Freedom of Information Request for Access to Public Records Form

Please complete all information below. All requests will be addressed by the District's Records Access Officer in accordance with the Freedom of Information (FOI) Act and procedures. Mail completed form to: Barbara Sporyz, Records Access Officer, Hamburg Central School District, 5305 Abbott Road, Hamburg, NY 14075, or email to bsporyz@hcsdk12.org.

The Records Access Officer will acknowledge receipt of the request within five (5) business days. When requests have been acknowledged, approval or denial of access will be made within twenty (20) additional business days. The additional time may be required to review or locate the records and/or determine rights of access.

Requestor's Name: _____

Email Address: _____

Organization Represented: _____

Address: _____ Phone: _____

I hereby request permission to inspect the following records:

I hereby request copies of the following records:

I understand the following fees may apply:

Photocopying - \$.25 per page

Flashdrive - \$9

Compilation of data from several records - \$15 per hour for clerical time*
\$40 per hour for administrative time*

*No fees will be charged for compilations that take less than two hours to complete. If compilation will take more than two hours to complete, the Requestor will be notified in advance of the estimated cost of preparing a copy of the requested record(s).

Signed: _____ Date: _____