

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: Douglas Whelan, Records Access Officer, Hamburg Central School District, 5305 Abbott Road, Hamburg, NY 14075, or email to dwhelan@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:	
Organization Represented:	
Address:	
I hereby request permission to inspect the fo	
I hereby request copies of the following reco	ords:
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 the compilation will take more than two hours to of the estimated cost of preparing a copy of	o complete, the Requestor will be notified in advance
Signed:	Date: