

# NOTICE OF INTENTION TO EXAMINE PUBLIC RECORDS

I, \_\_\_\_\_ OF \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, request to examine and/or obtain a copy of the particular records described below. I understand a fee of 25¢ per photo copy will be charged for records not in excess of 8 1/2" x 14" or the actual cost of reproducing any other record, unless a different fee is otherwise prescribed by law.

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Signature of Applicant

Date Note: Please return completed form

to:

AVON TOWN CLERK'S OFFICE  
23 GENESEE STREET  
AVON, NY 14414  
[dfarrell@avon-ny.org](mailto:dfarrell@avon-ny.org)

Responses will be made in compliance with the provisions of § 89 of the Public Officers' Law

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Disapproved

\_\_\_\_\_  
Diana Farrell, Town Clerk

\_\_\_\_\_  
Date