

**VILLAGE OF MARCELLUS  
6 SLOCOMBE AVE  
MARCELLUS, NEW YORK 13108  
PHONE: (315) 673-3112  
FAX: (315) 673-3217**

**Request to view public records under the FREEDOM OF INFORMATION LAW**

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Return form to: Village Clerk  
6 Slocombe Ave  
Marcellus, NY 13108  
clerk@villageofmarcellus.com

Phone # \_\_\_\_\_

Record(s) Requested \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Request \_\_\_\_\_  
\_\_\_\_\_

Signature of Person Requesting Records \_\_\_\_\_

Records are available during regular business hours -Monday through Friday – 9:00 A.M. to 4:30 P.M.

You have the right to appeal a denial of this application within 30 days to the head of governing body of this agency.

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Number of pages to be copied (25 cents per page) \_\_\_\_\_

Fee Paid \_\_\_\_\_

Request Approved \_\_\_\_\_ Request Disapproved \_\_\_\_\_

Reason for Disapproval \_\_\_\_\_  
\_\_\_\_\_

Signature of Official Granting/Denying Request \_\_\_\_\_