

Trustees

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Attorney

Deborah Chadsey

Clerk

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Code Enforcement

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Freedom of Information Law (FOIL) Request

To: _____ (Name of Department)

I hereby request to receive the following records:

I certify that the information will not be utilized in any manner tending to constitute an unwarranted invasion of personal privacy as same is defined and delineated by the terms and provisions of Article 6 (Freedom of Information Law) of the Public Officers Law of New York State and I further agree to indemnify and hold the Village of Gowanda harmless from any claim arising from any such unsanctioned use of the information requested.

Print Name Date and Time

Mailing Address

Telephone Number Yes _____ No _____
Copies Requested?

FOR DEPARTMENT USE ONLY

Approved _____ Denied _____ Reason for Denial _____

Number of pages to be copied: _____ @ \$.25 per copy \$ _____ Received: \$ _____

Signature Title Date

The Records Management Office has five days to approve or deny this request. You have the right to appeal a denial within (thirty) days of denial. Records are available during the business hours of 8:00 am – 4:00pm Monday, Wednesday, Thursday, 8:00 am- 5:00 pm, and 8:00 am-12:00 pm Fridays.

Sent to Department: _____ Date: _____