

P.O. Box 1749 • 3 East Washington Street • Ellicottville, NY 14731
(716) 699-2005 FAX (716) 699-2942

REQUEST FOR PUBLIC INFORMATION

Name of person/company requesting information:

Name _____

Address _____

Phone number that the CCIDA can reach party making the request for information at from 8:30 a.m. - 4:30 p.m. Monday thru Friday _____

Specific information requested _____

Note: The CCIDA will not release information which is exempt under the freedom of information guidelines without first checking with the impacted person/company.

Reason for the request _____

Date request received by the CCIDA _____

Date information sent to person/company making request _____

Date and reason for information not released _____

The CCIDA policy is to charge \$.25 per page duplicated. Payment must be received prior to documents being copied and released.

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