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 8½”x14" 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: LIVINGSTON COUNTY GOVERNMENT CENTER
IAN M. COYLE
6 COURT STREET, ROOM 302
GENESEO, N.Y. 14454
foil@co.livingston.ny.us

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

_____ Approved _____ Disapproved

_____

Ian M. Coyle Date
County Administrator