



# 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

6 COURT STREET, ROOM 302  
GENESEO, N.Y. 14454  
foil@livingstoncountyny.gov

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



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

\_\_\_\_\_  
County Administrator                      Date