



**Application
Access to Public Records
City of Dunkirk, N.Y.
342 Central Avenue
Dunkirk, NY 14048**

Telephone 716-366-0452

Facsimile 716-363-0058

Name of Applicant: _____

Address: _____

Telephone/Fax Number: (____) _____

Information requested: _____

Any applicant desiring copies of requested records must remit in advance payment of the following charges prior to any records being released: Copying up to 9" x 14" size shall be \$0.25/page, or actual copying costs for over-sized/special records.

Records of approved requests will be made available for inspection or pick-up at the Office of the City Clerk. Records may be mailed upon request and receipt of advance payment of appropriate postage.

COMPLETE ONLY IF REQUESTING A LIST OF NAMES AND ADDRESSES.

By signing below, I certify that such list(s) will not be used for commercial or fundraising purposes. Sections 87(2)(b) and 89(2)(b)(iii) of the NY Public Officers Law permit the City of Dunkirk to seek a certification from an applicant seeking disclosure of a list of names and addresses, that such list will not be used for commercial or fundraising purposes.

Signature: _____ Print Name: _____ Date: _____