

## **TOWN OF LEWISTON**

1375 Ridge Road Lewiston New York 14092 (716)754-8213

www.townoflewiston.us

## REQUEST FOR ACCESS TO PUBLIC RECORDS

DATE:			_	
NAME:			_	
ADDRESS:			_	
PHONE:		EMAIL:		
I hereby apply to:	☐ Inspect ☐ Receiv	re copies (\$.25	each) of the following record	ds:
MATERIAL REQUES	STED:			
SIGNATURE OF API	PLICANT:			
COPIED BY:	DEPT(S): _		DATE:	

## Please note: TOWN CLERK'S OFFICE HAS FIVE (5) DAYS IN WHICH TO RESPOND THAT:

- 1. Yes, information is available
- 2. No, information is not available
- 3. More than five (5) days is needed

Access to records will be determined in accordance with Public Officers Law Section 89(5)

2025 COPY FEES
ASSESSOR'S OFFICE = \$ 0.65
BUILDING DEPT.:
24' X 36' SHEET B/W =\$12.00
24' X 36' SHEET COLOR = \$18.00
36' X 48' SHEET B/W = \$24.00
36' X 48' SHEET COLOR = \$30.00
DISK / THUMB DRIVE (MINUTES) = \$25.00 / TOWN MAP = \$ 5.00
POLICE FEES:
ACCIDENT RECONSTRUCITON REPORT = \$250.00
BACKGROUND CHECKS = \$ 10.00
FINGERPRINTS = \$ 25.00
PHOTOS = \$100.00
POLICE REPORTS = \$ 10.00