

APPLICATION FOR PUBLIC ACCESS TO RECORDS

ATTENTION: RECORDS ACCESS OFFICER

Name of Agency (Please Print)

Contact Phone Number

Address & Email Address (Please Print)

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD(S):

Signature

Representing (Please Print)

Date

Mailing Address (Please Print)

FOR AGENCY USE ONLY

File Number

APPROVED

CHARGE

DENIED (for the reason(s) checked below)

SEARCH

[]

[] Confidential Disclosure

[] Part of Investigatory Files

[] Unwarranted Invasion of Personal Privacy

CERTIFICATION

[]

[] Record of which this agency is legal
custodian cannot be found

[] Record is not maintained by this agency

PHOTOCOPY

[]

[] Exempted by Statute other than the
Freedom of Information

[] Inspection Only

OTHER

[]

[] Record returned

[] Other (specify) _____

TOTAL CHARGE

\$ _____

Signature

Title

Date

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE HEAD OF THIS AGENCY, WHO MUST FULLY EXPLAIN THE REASONS FOR SUCH DENIAL.

Name

Business Address

EMAIL TO: CLERK@SUFFERNNY.GOV