

**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