

APPLICATION FOR PUBLIC ACCESS RECORDS

TO: RECORDS ACCESS OFFICER
VILLAGE OF ST. JOHNSVILLE
16 WASHINGTON STREET
ST. JOHNSVILLE, NEW YORK 13452

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORDS:

Signature Date Phone Number

Representing Mailing Address

FOR AGENCY USE ONLY

APPROVED _____

DENIED (FOR REASON CHECKED BELOW)

- _____ Confidential Disclosure _____ Investigatory file
- _____ Unwarranted Invasion of Personal Privacy
- _____ Record of which this agency is Legal Custodian cannot be found
- _____ Record is not maintained by this agency
- _____ Exempted by Statute other than the Freedom of Information Act
- _____ Other (specify) _____

Signature Title Date

NOTICE: You have a right to appeal a denial of this application to the Head of this Agency.

Name Business Address

Who must fully explain his reasons for such denial in writing seven days of receipt of an appeal.

I HEREBY APPEAL:

Signature Date