

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER - VILLAGE CLERK

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

Please print name Telephone number

Mailing address

Signature Date

Party you are representing (if any)

FOR AGENCY USE ONLY

Police Desk Officer Initials: _____ Date: _____ Time: _____ Form of ID: _____
(For Police Department Requests Only)

APPROVED: _____ DENIED: _____

Reason for denial:
___ Confidential disclosure – part of investigatory files
___ Unwarranted invasion of personal privacy
___ Record to which this Agency is legal custodian - cannot be found
___ Exempted by statute other than the Freedom of Information Act
___ This Agency does not have custody of such information
___ Other (specify): _____

Signature Title Date

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NOTICE: You have a right to appeal a denial of this application to the head of this agency who must fully explain his/her reasons for such denial in writing in seven business days on receipt of this appeal.

I HEREBY APPEAL TO THE MAYOR OF SLEEPY HOLLOW

Signature Date

.25 cents per page for photocopies.

**Village of Sleepy Hollow, 28 Beekman Avenue, Sleepy Hollow, NY 10591
PHONE (914) 366-5106 FAX (914) 332-7074**