

**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)

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**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

////////////////////////////////////  
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**