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

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