



APPLICATION FOR PUBLIC ACCESS TO RECORDS

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORDS (*be specific*):

Date: _____

Print Name: _____

Signature: _____

Address: _____

Email: _____

*This is used solely for communication purposes. We will not spam you.

Daytime Phone: _____

+++++

(For FOIL Officer Use Only)

Approved: _____ Denied: _____ Received: _____

Record Cannot Be Found: _____

Signature: _____ Title: _____

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Notice

You have the right to appeal a denial of this application. The head of this agency must fully explain, in writing, the reason for such denial within ten (10) days of receipt of your appeal.

I hereby appeal the denial of access to the public record(s) as requested above.

NAME (PRINT) _____

SIGNATURE _____

ADDRESS _____