

APPLICATION FOR PUBLIC ACCESS TO RECORDS OF THE TOWN OF WHITESTOWN

To: Records Access Officer
Town of Whitestown
8539 Clark Mills Rd.
Whitesboro, NY 13492

I hereby apply to inspect the following record:

Printed Name	Date	Email address
Signature		Representing
Mailing Address/ email address		Phone Number

FOR AGENCY USE ONLY	
APPROVED: <input type="checkbox"/>	# of pages @ \$0.25/page: _____
DENIED: (for the reason(s) checked below):	
<input type="checkbox"/> Confidential Disclosure <input type="checkbox"/> Part of Investigatory Files <input type="checkbox"/> Unwarranted Invasion of Personal Privacy <input type="checkbox"/> Record of Which This Agency is Legal Custodian Cannot be Found <input type="checkbox"/> Record is not Maintained by this Agency <input type="checkbox"/> Exempted by Statue Other than the Freedom of Information Act	
Other: Specify: _____	

NOTICE: You have a right to appeal a denial of this application to the head of this agency:

Town Supervisor
8539 Clark Mills Rd.
Whitesboro, NY 13492

Who must fully explain the reasons for such denial, in writing, seven (7) days after receipt of an appeal

I hereby appeal:

_____	_____
Signature	Date

