

To: RECORD MANAGEMENT OFFICER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

I hereby apply to inspect the following record(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to obtain a copy/copies of same – Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Signature of requestor Date

Approved \_\_\_\_\_  
Signature of Record Management Officer Date

Information \_\_\_ Mailed \_\_\_ Picked up by requestor

\_\_\_\_\_  
Signature of Records Management Officer Signature of requestor (if picked up) Date

Denied for reasons below:

- \_\_\_\_\_ Confidential Disclosure
- \_\_\_\_\_ Unwarranted Invasion of Personal Privacy
- \_\_\_\_\_ Record of which this agency is legal custodian cannot be found
- \_\_\_\_\_ Record is not maintained by this agency
- \_\_\_\_\_ Exempted by Statute other than the Freedom of Information Act
- \_\_\_\_\_ Part of Investigatory files
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Signature/Title Date

NOTICE: You have a right to appeal a denial of this application to the Village Board of Trustees, PO Box 159, Sodus Point, NY 14555

I hereby appeal: \_\_\_\_\_  
Signature Date