

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