

APPLICATION FOR PUBLIC ACCESS TO RECORDS
FREEDOM OF INFORMATION LAW

To: Records Access Officer
Town of Rosendale
P.O. Box 423
Rosendale, NY 12472

I hereby apply to inspect the following records: _____

Signature _____ Date _____

Representing _____

Mailing Address _____

Please note: There is a \$.25(cent) fee for each page of copy that is requested.

.....
For Agency Use Only

Approved _____

Denied _____

Record of which this agency is legal custodian cannot be found _____

Record requested is not maintained by this agency _____

Signature _____ Title _____ Date _____

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

Town of Rosendale Supervisor
P.O. Box 423
Rosendale, NY 12472

Who must fully explain his reasons for such denial in writing within seven (7) days of receipt of an appeal.

I hereby appeal _____
Signature _____ Date _____