

TO: **RECORDS ACCESS OFFICER**

Copies of Records will be provided @ \$.25 per page

FOR OFFICE USE ONLY

Name of Agency

Address

No. of copies

@ \$.25 =

I hereby apply to inspect the following record:

Signature

Date

Representing (Please Print)

Last 4 Digits of Credit Card:

Mailing Address

Phone Number

FOR AGENCY USE ONLY

APPROVED

DENIED (FOR THE REASON(S) CHECKED 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)

Mark Tesoriero, City Clerk

Date

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE HEAD OF THIS AGENCY

City Attorney, 13 West Oneida Street, Oswego, NY 13126

WHO MUST FULLY EXPLAIN THE REASONS FOR SUCH DENIAL IN WRITING WITHIN TEN (10) BUSINESS DAYS OF RECEIPT OF APPEAL.

I hereby appeal:

Signature

Date