

Records Access Officer P.O. Box 141, 4279 St Rt 104, New Haven, NY 13121 Phone: 315-963-3900, x4 Fax: 315-963-7231

Date:
I wish to inspect I am requesting copies of the following record(s): (Please identify record(s) that you are interested in as clearly as possible.)
Signature:
Printed Name:
Address:
City/State/Zip Code:
Daytime Phone:

PURSUANT TO PUBLIC OFFICERS LAW ARTICLE 6

Your request will be reviewed within five business days of the receipt of your request for records reasonably described. The Town will make such records available, deny the request in writing, or furnish a statement of the approximate date when such request will be granted or denied. Should the request be denied, you have a right to appeal a denial within 30 days of the denial. Such appeals should be addressed to the Town of New Haven Supervisor, P.O. Box 141, New Haven NY 13121.

WARNING: Examination of these records is covered by New York State Penal Law.

§175.20 Tampering with Public Records in the 2nd degree is a Class A Misdemeanor.

§175.24 Tampering with Public Records in the 1st degree is a Class D Felony.

FOR AGENCY USE ONLY

Date Received:
Received by: (Signature)
To Applicant:
APPROVED
You may inspect the documents:
Date: Time: Sent Electronically:
The requested copies of document(s) will be forwarded to you upon receipt of payment:
Photocopies: # of Copies: Charge:
<u>DENIED</u> (For the reason(s) checked below)
Exempted by statute other than Freedom of Information
Unwarranted invasion of personal privacy
Would impar contract awards or collective bargaining agreements
Trade secret: confidential commercial information
Law enforcement records
Would endanger the life or safety of any person
Interagency or intra-agency materials
Record is not maintained by this agency
Record of which this agency is legal custodian cannot be found
Other (specify)
Date record(s) inspected:
Date record(s) sent:
Fee collected:
Records Access Officer signature: