



APPLICATION FOR PUBLIC

ACCESS TO RECORDS

To: Records Access Officer
Village of Port Washington North
3 Pleasant Avenue
Port Washington, NY 11050

I hereby apply to inspect the following records:

Signature _____ Print Name _____

Representing _____ Date _____

Mailing Address _____

Email _____ Telephone _____

FOR VILLAGE USE ONLY

Approved _____

Denied _____

Reason for denial:

- _____ Record of which this Village is Legal Custodian cannot be found.
- _____ Record is not maintained by this Village.
- _____ Record cannot be found.
- _____ Exempted by statute other than Freedom of Information Act.
- _____ Unwarranted invasion of personal privacy.
- _____ Confidential disclosure.
- _____ Part of investigatory file.
- _____ Other: _____

Signature _____ Title _____ Date _____

NOTICE TO APPLICANT: You have a right to appeal a denial of this application to the Board of Trustees of the Village of Port Washington who must explain their reasons for such denial in writing within seven days of receipt of an appeal.

I hereby appeal:

Signature _____ Print Name _____ Date _____