



**APPLICATION FOR ACCESS
TO PUBLIC 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

Records Available: Records provided. _____
Records cannot be found after diligent search. _____
Records are not possessed by this office. _____
There are no known documents that are responsive to your request. _____

Records Denied: I, hereby, certify that access to the records, or part of the records, requested has been denied to the applicant for the reason checked:

- Specifically exempt by state or federal statute. _____
- Unwarranted invasion of personal privacy. _____
- Would impair present or imminent contract awards or negotiations. _____
- Are trade secrets. _____
- Complainant's name cannot be disclosed pursuant to Public Officers Law Miele 6, Sec.89-2(a). _____
- Would endanger the life of any person. _____
- Records are computer access code. _____
- Compiled for law enforcement purposes and if disclosed would interfere with law enforcement or judicial proceedings. _____
- 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 North, 3 Pleasant Avenue, Port Washington, NY 11050, who must explain their reason for such denial in writing within ten business days of receipt of your appeal.

I hereby appeal:

Signature _____ Print Name _____ Date _____