

CITY OF NORTH TONAWANDA
APPLICATION TO ACCESS RECORDS

TO: RECORDS MANAGEMENT
OFFICE CITY CLERK'S OFFICE
216 PAYNE AVENUE
NORTH TONAWANDA, NY 14120

I HEREBY APPLY TO EXAMINE THE FOLLOWING RECORD(S):

SIGNATURE OF APPLICANT

DATE

ADDRESS

PHONE

FOR AGENCY USE ONLY

APPROVE: _____

DENIED: (FOR THE REASONS CHECKED BELOW)

- ___ CONFIDENTIAL DISCLOSURE/PART OF INVESTIGATORY FILES
- ___ UNWARRANTED INVASION OF PERSONAL PRIVACY
- ___ RECORD OF WHICH THIS AGENCY IS LEGAL CUSTODIAL CANNOT BE FOUND
- ___ RECORD IS NOT MAINTAINED BY THIS AGENCY
- ___ EXEMPTED BY STATUE OTHER THAN THE FREEDOM OF INFORMATION ACT
- ___ OTHER (SPECIFY) _____

SIGNATURE

TITLE

DATE

YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE MAYOR OF THE CITY OF NORTH TONAWANDA, WHO MUST FULLY EXPLAIN HIS REASONS FOR SUCH DENIAL IN WRITING SEVEN DAYS OF RECEIPT OF AN APPEAL

I HEREBY APPEAL:

SIGNATURE

DATE