

VILLAGE OF GOSHEN
276 MAIN STREET, GOSHEN, NY 10924
TEL. 845-294-6750 / FAX 845-294-6007

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER (Must respond within five (5) business days)

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

Signature _____ Mailing Address _____
Print Name _____
Representing _____
Date _____ Phone Number _____

FOR AGENCY USE ONLY

APPROVED _____
DENIED (For reason checked below)
____ CONFIDENTIAL DISCLOSURE
____ PART OF INVESTIGATORY FILE
____ UNWARRANTED INVASION OF PRIVACY
____ RECORD OF WHICH THIS AGENCY IS LEGAL CUSTODIAN - CANNOT BE FOUND
____ RECORD NOT MAINTAINED BY THIS AGENCY
____ EXEMPTED BY STATUTE OTHER THAN FREEDOM OF INFORMATION ACT
____ OTHER (SPECIFY) _____

SIGNATURE TITLE DATE

NOTICE: YOU HAVE THE RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE HEAD OF THIS AGENCY, WHO MUST FULLY EXPLAIN THE REASONS FOR SUCH DENIAL, IN WRITING, WITHIN SEVEN (7) DAYS OF RECEIPT OF AN APPEAL.

I HEREBY APPEAL THIS DENIAL:

SIGNATURE PRINT NAME DATE