

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER
CITY OF LOCKPORT
LOCKPORT, NY 14094

NAME: _____

PHONE: _____

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD:

SIGNATURE

DATE

MAILING ADDRESS

FOR AGENCY USE

☐ **APPROVED**

DENIED FOR REASON(S) CHECKED BELOW

☐ CONFIDENTIAL DISCLOSURE

☐ PART OF INVESTIGATORY FILES

☐ UNWARRANTED INVASION OF PERSONAL PRIVACY

☐ RECORD OF WHICH THIS AGENCY IS LEGAL CUSTODIAN CANNOT BE FOUND

☐ RECORD IS NOT MAINTAINED BY THIS AGENCY

☐ EXEMPTED BY STATUTE OTHER THAN THE FREEDOM OF INFORMATION ACT

☐ OTHER (specify)

SIGNATURE

TITLE

DATE

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE HEAD OF THIS AGENCY.

NAME

BUSINESS ADDRESS

WHO MUST FULLY EXPLAIN HIS REASONS FOR SUCH DENIAL IN WRITING 7 DAYS OF RECEIPT OF APPEAL.

☐ I HEREBY APPEAL:

SIGNATURE

DATE