APPLICATION FOR PUBLIC ACCESS TO RECORDS (Please print clearly)

TO:	[Name] [Address]	
	I hereby apply to inspect the records of [name of City/Village/Town] [department/agency/individual] listed below:	
	Records requsted (be as specific as possible; use back of form, if necessary)	
	Purpose for which records are requested:	
	Name:_Phone:	(Self/Organization represented)
	Mailing address:	
	Signature:	Date:
FOR AGENCY USE ONLY		NCY USE ONLY
	□ APPROVED □	DENIED
	RECORD CANNOT BE FOUND	RECORD NOT MAINTAINED BY AGENCY
	SICNATURE_	DATE
	D	ETACH

NOTICE TO APPLICANT. You have a right to appeal a denial of this application to the [Governing Body] of the [City/Village/Town] of [name of City/Village/Town] within 30 days of this denial, which Board must fully explain its reasons for such denial in writing within 10 days of an appeal. Failure to do so constitutes a denial of your appeal.