

Application for Public Access to Records and Response  
(Alternate Form)

OFFICE OF RECORDS ACCESS OFFICER  
[CITY/VILLAGE/TOWN] OF [NAME OF CITY/VILLAGE/TOWN]  
[ADDRESS]

REQUEST FOR ACCESS TO PUBLIC RECORDS

Dated: \_\_\_\_\_

Request by: \_\_\_\_\_ Tel. no.: \_\_\_\_\_

Address: \_\_\_\_\_

To Department: \_\_\_\_\_ Description of records: \_\_\_\_\_

Copies wanted:      ☐ Yes      ☐ No

Charge: [cents] times [no.] pages = [total] payable by check to: \_\_\_\_\_

-----  
FOR DEPARTMENT USE ONLY

DATE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

REQUEST GRANTED: \_\_\_\_\_

REQUEST DENIED BECAUSE: (Check appropriate box)

- ☐ Application fails to describe the personal information requested to be disclosed.
- ☐ Application fails to describe the person or entity to whom such personal information is requested to be disclosed.
- ☐ Application fails to describe the uses which will be made of such personal information by the person or entity receiving it.
- ☐ Records are exempted from disclosure by state or federal statute (cite statute).