



OFFICIAL USE ONLY

DATE & TIME STAMP

# Application Public Access to Records

## REQUESTER'S INFORMATION

Name (Please Print): \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## RECORDS REQUEST

Fully describe the records you are requesting. A complete and detailed description of the records you are requesting is necessary to accurately respond to your request. Your failure to describe in specific detail the records that you are requesting may result in a denial of your request. You must also include the dates of the documents and addresses if applicable.

Documents are located in the Department(s): \_\_\_\_\_

## DOCUMENTS REQUESTED & DATE/ADDRESS OR TIME PERIOD OF THE DOCUMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY APPLY TO:

INSPECT THE RECORDS

HAVE PHOTO COPIES

SENT ELECTRONIC IF AVAILABLE

## FEE

There is a charge of twenty-five cents (25¢) per page for each regular size (8 ½ x 11) public document copied. There will be additional charges for larger size documents, maps, tapes, disks, etc. By signing this document, you agree to pay any reproduction costs that may apply.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## NOTICE TO THE APPLICANT:

An acknowledgment to your request will be provided within five business days. Standard turnaround time for requested records is twenty business days. Foil Applications requesting extensive information may take longer. If denied you have the right to appeal in writing within (10) days to:

Kathleen E. Gill, Esq.,  
Corporation Counsel  
515 North Avenue, New Rochelle NY 10801