



TOWN OF OSSINING VILLAGE OF OSSINING MUNICIPAL BUILDING



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APPLICATION FOR PUBLIC ACCESS TO RECORDS

Name: _____ Date: _____

Address: _____

Telephone: _____

I hereby apply to inspect the following record/s: _____

SIGNATURE

For Agency Use Only

Approved ()

Denied for reason(s)

- () Confidential Disclosure () Part of Investigatory Files
- () Unwarranted Invasion of Person Privacy
- () Record which this Agency as legal custodian cannot be found
- () Record is not maintained by this Agency
- () Exempt by Statute other than Freedom of Information Act
- () Other, please specify _____

SIGNATURE /TITLE

DATE

NOTE: You have a right to appeal a denial of this application to the head of this agency. A full explanation of reason for such denial shall be, in writing, within seven days of receipt of an appeal.