

# APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: Records Access Officer  
Village of Potsdam, New York  
Civic Center, P.O. Box 5168  
Potsdam, NY 13676

I hereby apply to inspect the following record(s):

(Click in the box below and type. Tab to the remaining fields. Signature needs to be original.)

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

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

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## FOR AGENCY USE ONLY

Approved \_\_\_\_\_

Denied (for the 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 \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

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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, seven (7) days from receipt of an appeal:

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