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# APPLICATION FOR PUBLIC ACCESS RECORDS

I hereby apply to inspect the following records

Name of department: \_\_\_\_\_

Records sought: \_\_\_\_\_

Further request at \$.25 per page (for copies not exceeding 9" x 15" the following specific pages, having deposited herewith sum of \$ \_\_\_\_\_

For said documents: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**FOR AGENCY USE ONLY**

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Record of which this legal custodian cannot be found: \_\_\_\_\_

Record is not maintained by this agency: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

**Notice:** You have the right to appeal a denial of this application to the Town Attorney, Town Hall, Oswego, New York who must fully explain reasons for such denial in writing in seven days after the receipt of the appeal.

I hereby appeal:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Print this application, and mail it to

Oswego Town Clerk, 2320 County Route 7, Oswego, NY 13126