

**TOWN OF WAWARSING
TO BE COMPLETED BY APPLICANT**

SECTION I.

INSTRUCTIONS TO APPLICANT: Please complete Section I of a four-part set of this form. Carbon paper is not required. Give the form to the agency Freedom of Information Officer. The Freedom of Information Officer will return the original (white copy) to you as a response to your request, or will give you part 4 as an interim response.

TO: _____ Freedom of Information Officer	DEPT. NAME: _____
DEPARTMENT ADDRESS: _____	

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD (Please describe the record sought. If possible, supply a date, file title and number, and any other information that will help locate the record desired):

Signature of Applicant and Printed Name	Applicant Represents
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Applicant's Mailing Address	Date of Application
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SECTION II. FOR USE BY DEPARTMENT FREEDOM OF INFORMATION OFFICER ONLY

- APPROVED DENIED (for reason(s) checked below):
- Confidential Disclosure
 - Part of Investigatory Files
 - Unwarranted Invasion of Privacy
 - Record of which this Department is Legal Custodian, Cannot be found
 - Record is not maintained by the Department
 - Exempted by Statute other than the Freedom of Information Act
 - Other (specify): _____

Receipt of this request is acknowledged . There will be a delay in supplying the requested record until _____ for the following reason:

Signature	Title Freedom of Information Officer	Date
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SECTION II. NOTICE TO APPLICANT

YOU HAVE THE RIGHT TO APPEAL A DENIAL OF THIS APPLICATION IN WRITING TO THE OFFICE OF THE COUNTY ATTORNEY WITHIN 30 DAYS OF THE DENIAL. INFORMATION AS TO THE PERSON TO CONTACT IS SHOWN BELOW. THE CONTACTED PERSON MUST RESPOND TO YOU IN WRITING WITHIN SEVEN BUSINESS DAYS OF RECEIPT OF YOUR APPEAL.

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