Records Access Officer
4279 St Rt 104, Oswego, NY 13126
Phone: 315-963-3900, x4 Fax: 315-963-7231

Date: _____

_____ I wish to inspect _____ I am requesting copies of the following record(s): (Please identify record(s) that you are interested in as clearly as possible.)

_____

_____

_____

_____

_____

Signature**:** _____

Printed Name: _____

Address: _____

City/State/Zip Code: _____

Daytime Phone: _____

PURSUANT TO PUBLIC OFFICERS LAW ARTICLE 6

Your request will be reviewed within five business days of receipt of your request for records reasonably described. The Town will make such records available, deny the request in writing, or furnish a statement of the approximate date when such request will be granted or denied. Should the request be denied, you have a right to appeal a denial within 30 days of the denial. Such appeals should be addressed to the Town of New Haven Supervisor, 4279 St Rt 104, Oswego, NY 13126.

WARNING: Examination of these records is covered by New York State Penal Law.

§175.20 Tampering with Public Records in the 2nd degree is a Class A Misdemeanor.

§175.24 Tampering with Public Records in the 1st degree is a Class D Felony.

FOR AGENCY USE ONLY

Date Received: _____

Received by: (Signature) _____

To Applicant:

APPROVED

_____You may inspect the documents:

Date: _____ Time: _____ Sent Electronically: _____

_____ The requested copies of document(s) will be forwarded to you upon receipt of payment:

Photocopies: # of Copies: _____ Charge: _____

DENIED (For the reason(s) checked below)

_____ Exempted by statute other than Freedom of Information

_____ Unwarranted invasion of personal privacy

_____ Would impar contract awards or collective bargaining agreements

_____ Trade secret: confidential commercial information

_____ Law enforcement records

_____ Would endanger the life or safety of any person

_____ Interagency or intra-agency materials

_____ Record is not maintained by this agency

_____ Record of which this agency is legal custodian cannot be found

_____ Other (specify) _____

Date record(s) inspected: _____

Date record(s) sent: _____

Fee collected: _____

Records Access Officer signature: _____