APPLICATION FOR PUBLIC ACCESS TO CITY OF MIDDLETOWN RECORDS

CITY OF MIDDLETOWN RECORDS Date Received: Received by: Copy to: Instructions: Copy to: Please print all information and return form to: Records Access Officer DATE RESPONSE DUE: City of Middletown 16 James Street, Box 4 Middletown, NY 10940 FAX: 845-344-5428 ☐ obtain copies of the following record I wish to: ☐ inspect the following record (you will be notified of fee to be charged) Description of record: Daytime Phone Number Name Street Address Representing City, State, Zip Signature Please be aware that New York State Freedom of Information Law allows a municipality up to five (5) days to respond to a request for records. Some responses, due to their volume or depth of research, will take longer than the five days of allotted time. If this is the case regarding your request, this office will notify you in writing. INFORMATION BELOW THIS LINE TO BE COMPLETED BY CITY OF MIDDLETOWN PERSONNEL Records Access Officer Signature ______ Date _____ RETURN THIS FORM WITH THE REQUESTED INFORMATION OR DENIAL INFORMATION TO THE OFFICE OF THE CITY CLERK BY DATE SHOWN ABOVE (SEE DATE RESPONSE DUE) Request Approved by Department Reguest reviewed and approved by Corporation Counsel, if required Request Denied for reason(s) checked below: ____Confidential disclosure __Confidential disclosure _____Record is not maintained by City ____Exempted by statute other than the FOIL ____Unwarranted invasion of personal privacy Record of which this agency is legal custodian cannot be found ____Record sealed or pending investigation Other: Signature ______Date _____ NOTICE TO APPLICANT: You have the right to appeal a denial of this application by returning this form within 30 days to the office of the Mayor, 16 James Street, Middletown, NY. You must be provided with a response to your appeal within seven (7) working days.

Date Completed: _____ Total Fee: \$ _____ Staff Initials _____

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