

**The Wainscott Common School District**

APPLICATION FOR PUBLIC ACCESS TO RECORDS

# NAME OF DEPARTMENT RETAINING RECORDS:

I hereby apply to inspect and/or receive copies of the following records: **Attach additional sheets if needed:**

I certify that the information requested will not be utilized in any manner tending to constitute an unwarranted invasion of personal privacy as same is declined and delineated by the terms and provision of Article 6 (Freedom of Information) of the Public Officers Law of the State of New York, and I further agree to indemnify and hold the Wainscott Common School District harmless from any claim arising from any such unsanctioned use of the information requested.

**NOTICE: I the undersigned agree that the information I am requesting and will receive will not be used for the purposes of solicitation or fund raising in accordance with New York State Freedom of Information Law (Section 89(2)(b), Subsection (iii))**

Date: Printed Name:

Telephone Number: Signature:

Mailing Address: E-Mail Address:

**Note: There may be a fee/fees associated with this request in accordance with State Laws.**

**FOR DEPARTMENT USE ONLY**

APPROVED / DISAPPROVED (Circle appropriate action)

 Confidential Disclosure

 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

 Part of Investigatory Files

 Other (specify)

# Signature Title Date

If your request is denied, you have the right to appeal the denial of this application to the head of this department who must fully explain his/her reason(s) for such a denial in writing within seven business days of receipt of an appeal.