

INCORPORATED VILLAGE OF BELLE TERRE

1 CLIFF ROAD, BELLE TERRE, NY 11777
(631) 928-0020 FAX: (631) 928-7971

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER

I hereby apply to inspect the following record: I understand that copies of records will cost \$.25 per page

Section ____ Block ____ Lot ____ Address _____

Information Requested: _____

APPLICANT INFORMATION: PRINT NAME _____

SIGNATURE _____ REPRESENTING: _____

MAILING ADDRESS _____

TELEPHONE _____ DATE _____

METHODS OF REVIEW:

____ I would like an appointment to review the records that I am requesting. If I desire copies, I understand that I will be charged a fee of \$.25 per page.

____ I would like the requested documents mailed to me. I understand that I will be billed for copying charges and will not receive the documents until I have remitted payment to the Village at the above address.

APPROVED _____ Date _____

DENIED For Reason(s) Checked Below:

- _____ Confidential Disclosure
- _____ Part of Investigatory Files
- _____ Unwarranted Invasion of Personal Privacy
- _____ Record Cannot Be Found
- _____ Record is Not Maintained by this Office
- _____ Exempted by Statute other than the Freedom of Information Act
- _____ Other (Specify) _____

Signature

Title

Date

NOTICE: You have a right to appeal a denial of this application to the Board of Trustees.

The Board must fully explain its reasons for such denial in writing within seven (7) days of receipt of an appeal.

I hereby appeal: