

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER

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AGENCY: COUNTY OF ONTARIO
c/o Records Management Officer
3051 County Complex Drive
Canandaigua, NY 14424

1) I HEREBY APPLY **TO INSPECT** THE FOLLOWING RECORDS: (at address above)

2) I HEREBY **REQUEST COPIES** OF THE FOLLOWING RECORDS AT \$.25 PER PAGE: **NOTE: Give complete identifying information – such as dates, addresses, date of birth, etc.**

Signature

Date

E-Mail Address:

PRINT NAME

Agency represented, if any: _____

FAX #: _____

Mailing Address

-----**FOR AUTHORITY USE ONLY**-----

APPROVED: _____

DENIED (For the Reason(s) Checked Below)

_____ Confidential Disclosure

_____ Part of Investigatory Files

_____ Non-final Inter-agency or Intra-agency material

_____ Impairs present or imminent contract awards

_____ Record of which this Agency is Legal Custodian Cannot be Found

_____ Exempted by Statute other than the Freedom of Information Act

_____ Other (specify) _____

_____ Record is not maintained by this Agency

_____ Unwarranted Invasion of Personal Privacy

Records Access Officer

Date

-----**APPLICANT USE**-----

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE HEAD OF THIS AGENCY WITHIN 30-DAYS OF THIS DENIAL. THE DESIGNATED APPEALS OFFICER IS:

CHAIRMAN, ONTARIO COUNTY BOARD OF SUPERVISORS, 20 Ontario Street, Canandaigua NY 14424

THE APPEALS OFFICER WILL PROVIDE YOU WITH A WRITTEN DECISION AFTER CONSIDERATION OF YOUR APPEAL.