

TO: RECORDS ACCESS OFFICER
VILLAGE OF CELORON
21 BOULEVARD AVE, PO BOX 577
CELORON, NY 14720-0577

Name of Department that has custody of records

Address

I hereby apply to inspect the following record:

Signature

Date

Representing

Mailing Address

FOR AGENCY USE ONLY

APPROVED _____

Signature

Records Access Officer
Title

Date

RECORD RECEIVED BY _____

Signature –PLEASE SIGN & RETURN

Date

DENIED _____

REASON DENIED _____

Signature

Records Access Officer
Title

Date

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE HEAD OF THE AGENCY (BOARD OF TRUSTEES) WHO MUST EXPLAIN THEIR REASONS FOR SUCH DENIAL IN WRITING WITHIN TEN DAYS OF RECEIPT OF AN APPEAL.

Name

Mailing Address

I HEREBY APPEAL ON THE FOLLOWING GROUNDS: