



**Application for Public Access to Records**

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Address

Hereby apply to inspect the following record(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Representing: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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**For Agency Use Only**

Approved  No Charge  Charge  
 Denied for the reason(s) checked below:

- |  |  |
|--|--|
| _____ Confidential Disclosure  | <input type="checkbox"/> Inspection Fee    |
| _____ Part of Investigatory Files                                    | <input type="checkbox"/> Certification Fee |
| _____ Unwarranted Invasion of Personal Property                      | <input type="checkbox"/> Search Fee        |
| _____ Record of which this agency is legal custodian cannot be found | <input type="checkbox"/> Photocopy         |
| _____ Record is not maintained by this agency                        |  |
| _____ Exempted by statute other than the Freedom of Information Act  | _____ Total Fee Paid                       |

Record Returned

\_\_\_\_\_  
Signature Title Date

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Notice: You have the right to appeal a denial of this application to the head of this agency.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Business Address

Who must fully explain his reasons for such denial in writing within seven days of receipt of the appeal.  
I hereby appeal:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date