



**Application for Public Access to Records**

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

\_\_\_\_\_  
Address

Hereby apply to inspect the following record(s)\*:

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

\*I understand that documents maintained by the Village of Chestnut Ridge which have been stamped and/or sealed by a design professional may be copyrighted, and that if I copy and/or reproduce such documents without the written consent of the owner that I agree, to the fullest extent permitted by law, to hereby agree to indemnify, release and hold harmless the Village of Chestnut Ridge, its officers, employees, agents and servants from any and all loss, liability, claims, demands, actions, and causes of action whatsoever arising out of or connected with any loss, damage or inquiry that may occur as a result of the reproduction of said documents, including attorney's fees.

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

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

Print Name: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

**For Agency Use Only**

<input type="checkbox"/> Approved	<input type="checkbox"/> No Charge	<input type="checkbox"/> Charge
<input type="checkbox"/> 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

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

