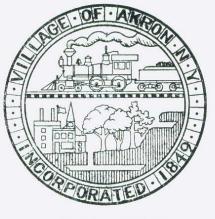
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APPLICATION FOR PUBLIC ACCESS TO RECORDS

To:	(Department Name)	
I hereby request to receive the following red	cords:	
I certify that the information requested will personal privacy as same is defined and del of the Public Officers Law of New York Sta from any claim arising from any such unsar	ineated by the terms and provisions of ate and I further agree to indemnify an	f Article 6 (Freedom of Information Law) and hold the Village of Akron harmless
Print Name	Date &	Time
Mailing Address	Vac	No
Telephone Number		Requested?
Approved Denied	FOR DEPARTMENT USE ONLY	
REASON FOR DENIAL:		
Number of pages to be copied: @ \$0	0.25 per copy \$ Received: \$	
Signature	Title	Date
Notice: The records access officer has five of within 30 days of the denial. Records are as		
Sent to Department:	Date:	
21 MAIN STREET P. O. BOX 180 AKRON, NEW YORK 14001-0180	PHONE (716) 542-9636	FAX (716) 542-5586 TDD 711 Population 2000 - 3085