



APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: _____ (Department Name)

I hereby request to receive the following records:

I certify that the information requested will not be utilized in any manner tending to constitute an unwarranted invasion of personal privacy as same is defined and delineated by the terms and provisions of Article 6 (Freedom of Information Law) of the Public Officers Law of New York State and I further agree to indemnify and hold the Village of Akron harmless from any claim arising from any such unsanctioned use of the information requested.

_____	_____
Print Name	Date & Time
_____	_____
Mailing Address	Yes _____ No _____
_____	Copies Requested?
Telephone Number	_____

FOR DEPARTMENT USE ONLY

Approved _____
Denied _____

REASON FOR DENIAL: _____

Number of pages to be copied: _____ @ \$0.25 per copy \$ _____ Received: \$ _____

_____	_____	_____
Signature	Title	Date

Notice: The records access officer has five days to approve or deny this request. You have a right to appeal a denial within 30 days of the denial. Records are available during the business hours of 8:00 AM – 5:00 PM.

Sent to Department: _____ Date: _____