SCHOHARIE COUNTY
Request for Access to Public Records
PO Box 429
Schoharie, NY 12157

Printed - 25¢ per page
Email-suggested

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORDS:

_____

_____

_____

_____

_____ _____
Requested By (please print) Signature

_____ _____
Mailing Address Date

For Agency Use Only

APPROVED _____

DENIED (reason(s) checked below)

_____ Confidential Disclosure

_____ Part of Investigatory Files

_____ Unwarranted invasion of personal privacy

_____ Record which this agency is legal custodian cannot be found

_____ Record is not maintained by this agency

_____ Exempted by statute other than the Freedom of Information Act

_____ Other (specify) _____

_____ _____ _____
Signature Title Date

NOTICE: You have a right to appeal a denial of this application to the County Attorney, who must fully explain his/her reasons for such denial in writing seven days of receipt of an appeal.

I HEREBY APPEAL: _____ _____
Signature Date