

SAG HARBOR UNION FREE SCHOOL DISTRICT

APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: District Clerk - Sag Harbor Union Free School District
200 Jermain Avenue, Sag Harbor, New York 11963

Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, for record(s) or portions thereof pertaining to the described below I hereby request to: (check one of the following)

☐ **INSPECT** ☐ **REQUEST Paper Copy** or ☐ **REQUEST PDF Emailed**

I understand that the fee for photocopying records is \$.25 per copy and/or the actual cost of duplication of means other than photocopying. I understand that I will be charged for postage if mailed.

PRINT Name of Applicant:

First Name

Middle Initial

Last Name

PRINT Mailing Address:

Mailing Address

City

State

Zip

PRINT Email Address:

PRINT Name of Business (if applicable) or Representative:

Telephone Number (if we need to contact you):

Signature of Applicant:

Date of Application:

PRINT Description of Record(s) Sought:

As you know, the Freedom of Information Law requires that an agency respond to a request within five (5) business days of receipt of request.

THIS SECTION TO BE COMPLETED BY THE FREEDOM OF INFORMATION OFFICER

Date Request Received:

☐ Approved

☐ Denied for the reason(s) checked below:

☐ Confidential disclosure

☐ Part of investigatory files

☐ Unwarranted invasion of personal privacy

☐ Record of 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) _____

Status:

NOTICE: You have a right to appeal a denial of this application to the Superintendent of Schools of the Sag Harbor Union Free School District. Please submit such appeal in writing and the Superintendent of Schools will respond in writing within ten (10) days of the receipt of the appeal.

I hereby appeal _____

Signature

_____/_____/____

Date