

**MINISINK VALLEY CENTRAL SCHOOL DISTRICT
APPLICATION FOR PUBLIC ACCESS TO RECORDS**

TO: RECORDS ACCESS OFFICER

(Name of Agency)

(Address)

I hereby apply to inspect the following record(s) _____

For the following purpose(s) _____

(Print Name)

(Signature)

(Date)

(Representing)

(Mailing Address)

For Agency Use Only

Approved Inspection

Approved for Copies _____ Pages at **\$.25** per page
Fee in accordance with guidelines set forth by New York State Department of State's
Committee on Open Government.

Total Received \$ _____

Denied (for the reason(s) checked below)

Confidential Disclosure

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

Part of investigatory Files

Other (Specify) _____

(Signature of Records Access Officer)

(Date)

NOTICE: You have a right to appeal a denial of this application to the Superintendent of Schools, who must fully explain his/her reasons for such denial in writing within ten business days of receipt of an appeal.

(Name)

(Business Address)

I hereby appeal:

(Signature)

(Date)