



# CITY OF NORWICH NORWICH, NY 13815

## Application for Access to Public Records

*Please print all information clearly*

Date of Request: \_\_\_\_\_

Specific Record Requested: \_\_\_\_\_

Date & Time of Incident (if applicable): \_\_\_\_\_

Specific Information Requested: \_\_\_\_\_

Name of Person Requesting Record: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to receive the information by:     Email     Mail     Pick up in person

Within five (5) business days the above request will be approved or denied.

Copies of approved records will be available @ \$0.25 per each single page.

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE:** You have the right to appeal a denial of this application to the head of this agency.