

CITY OF MECHANICVILLE
APPLICATION FOR ACCESS TO PUBLIC RECORDS

NAME: _____ Phone #: _____

ADDRESS: _____

EMAIL ADDRESS: _____

- Pick Up Records Email Records Mail Records

In accordance with the applicable sections of the Freedom of Information Law (FOIL) and related sections of any local and state statute, I hereby request a copy of the following records (**BE SPECIFIC**):

SIGNATURE

DATE

FOR AGENCY USE ONLY

APPROVED

DENIED (See Reason Below)

- Confidential Information Part of Investigative File
 Record is NOT Maintained by this Agency
 Record of which this Agency is Legal Custodian Cannot Be Found
 Requested Record is NOT subject to FOIL
 Unwarranted Invasion of Personal Privacy
 Other (explain) _____

_____, Records Access Officer

SIGNATURE

DATE

APPEALS – YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION BY CHECKING THE APPEAL BOX AND RESUBMITTING TO THE RECORDS ACCESS OFFICER.

I HEREBY APPEAL

SIGNATURE

DATE