

TOWN OF HAGUE
PO Box 509
9793 Graphite Mountain Road
Hague, New York 12836
Phone: (518) 543-6161
Fax: (518) 543-6273

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date: _____

To: Deborah F. Manning, Records Access Officer

I wish to inspect the following record(s): (Identify records you are interested in as clearly as possible.)

You may inspect documents first and then ask for copies of the ones you actually want.

Number of Copies requested: (\$.25 per copy) _____

Signature: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

FOR AGENCY USE ONLY

APPROVED

Date _____ Time _____

Photocopies: Number _____ Charge _____

DENIED (for the reason(s) checked below)

- ____ Exempted by statute other than Freedom of Information
- ____ Unwarranted invasion of personal privacy
- ____ Would impair contract awards or collective bargaining agreements
- ____ Trade secrets; confidential commercial information
- ____ Law enforcement records
- ____ Would endanger the life or safety of any person
- ____ Interagency or intra-agency materials
- ____ Record is not maintained by this agency
- ____ Record of which this agency is legal custodian cannot be found
- ____ Other (specify) _____

Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Hague, PO Box 509, Hague, NY 12836