



TOWN OF BERGEN

10 Hunter Street, P.O. Box 249, Bergen, New York 14416

Phone: (585) 494-1121 Fax: (585) 494-1372

www.bergenny.org

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date: _____

To: Michele M. Smith, Records Access Officer

I wish to inspect the following record(s): (Identify records you are interest 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: _____

Party you represent (if other than self): _____

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 secret; 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 Bergen, 10 Hunter Street Bergen, P.O. Box 249, NY 14416.