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Endicott, NY 13760  
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## **Request for Access of Records Freedom of Information Law**

Date: \_\_\_\_\_

Applicant name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Wish to examine the particular record(s) specified below or as attached:

Notice: You have the right to appeal the decision, which must be in writing and state the reason(s) for said appeal. Your request will be granted, denied or acknowledged within five (5) business days from the date of request.

Written appeal should be submitted to the district within 30 days of the denial and must contain the following:  
Date:

Location of a request for records:

The records that were denied

Name and return address of applicant: