

DEPOSIT CENTRAL SCHOOL

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request a copy of records or portions thereof pertaining to: (please be specific)

I understand there is a charge of twenty five cents per page and is payable before release of documents.

Please Print Name

Signature

Representing (if applicable)

Date

Street Address

Telephone Number

PLEASE NOTE: The Public Officer's Law requires that a governmental agency respond to this written request within (5) business days. There is no specific time limit, however as to the time to produce the documents.

FOR OFFICIAL USE ONLY

Approved

Records are ready for release upon payment of duplication fee \$ _____. Please make check payable to Deposit Central School.

Denied

NOTICE: You have a right to appeal denial of this application by contacting the Superintendent at the address printed below.

Other

Explanation:

Signature

Date