

APPLICATION FOR PUBLIC ACCESS TO RECORDS
OF THE TOWN OF ALBION

To: Records Access Officer

Name of Agency

Address

I hereby apply to inspect the following record:

Signature

Date

Representing

Mailing Address

FOR AGENCY USE ONLY

APPROVED

DENIED (for the reasons(s) checked below)

- Confidential Disclosure Part of Investigatory Files
 Unwarranted Invasion of Personal Privacy
 Record of Which This Agency is Legal Custodian Cannot be Found
 Record is not Maintained by This Agency
 Exempted by Statute Other Than the Freedom of Information Act
 Other (specify) _____

Signature

Title

Date

NOTICE: You have a right to appeal a denial of this application to the head of this agency -

Name

Business Address

Who must fully explain his reasons for such denial, in writing, seven days after receipt of an appeal.

I hereby appeal:

Signature

Date