



OTSEGO COUNTY SHERIFF'S OFFICE RECORDS RELEASE APPLICATION



SJS _____

Name	Address	
Representing (if applicable)	Address	
Telephone Number(s)		Date
Signature		

I here by apply to **inspect** and/or **copy** the following record(s): Please be specific.

Return completed application to
Records Division
Otsego County Sheriff's Office
172 Cty Hwy 33W
Cooperstown, New York 13326
Fax (607) 547-6413

There is a charge for copying most records. For more information on public access to records, call (607) 547-4273

For OCSO Use Only

Documents involved: _____

Denied Approved Referred to County Attorney (date _____)

Authorizing Official _____ Date _____

For County Attorney Use

Denied Approved (conditions _____)

County Attorney Signature _____ Date _____

Notice: You have the right to appeal a denial of this application. **I hereby request an appeal**

Signature _____ Date _____