APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER
Otsego County
197 Main Street
Cooperstown, NY 13326-1129

I hereby apply (to inspect/for a copy of) the following record(s)

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

________________________________________ ______________________________
Signature

Print Name ______________________________ Date

Address __________________________________________ Phone

FOR AGENCY USE ONLY

I/We certify that the records of the County of Otsego have been searched regarding the above request and after a diligent search the request is answered as follows:

Approved ☐ ☐

Denied (for the reason(s) checked below)

☐ Exempted by State or Federal Statute
☐ Unwarranted Invasion of Personal Privacy
☐ Would Impair Contract Negotiations
☐ Compiled for Law Enforcement Purposes
☐ Would Endanger Life or Safety of Individual
☐ Inter-agency or Intra-agency Communications
☐ Confidential Disclosure
☐ Record Cannot be Found
☐ Record is Not Maintained by This Agency
☐ Other ________________________________

________________________________________ ______________________________
Records Access Officer Title Date

NOTICE - YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO:

David Bliss, Chair Otsego County Board of Representatives
197 Main Street, Cooperstown, NY 13326-1129

Who must either grant approval or fully explain his reasons for such denial in writing within ten business days of receipt of an appeal.

I HEREBY APPEAL THIS DENIAL:

________________________________________ Date

Signature

(Document=FOILform/forms)