

TOWN OF HAGUE
PO Box 509
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Hague, New York 12836
Phone: (518) 543-6161
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APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date: _____

To: Janet M. Hanna, Records Access Officer

I wish to inspect the following record(s): (Identify records you are interested in as clearly as possible.)

You may inspect documents first and then ask for copies of the ones you actually want.

Number of Copies requested: (\$.25 per copy) _____

Signature: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

FOR AGENCY USE ONLY

APPROVED BY: _____

Date _____ Time _____

Photocopies: Number _____ Charge _____

DENIED (for the reason(s) checked below)

- Exempted by statute other than Freedom of Information
- Unwarranted invasion of personal privacy
- Would impair contract awards or collective bargaining agreements
- Trade secrets; confidential commercial information
- Law enforcement records
- Would endanger the life or safety of any person
- Interagency or intra-agency materials
- Record is not maintained by this agency
- Record of which this agency is legal custodian cannot be found
- Other (specify) _____

Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Hague, PO Box 509, Hague, NY 12836