

# SAG HARBOR UNION FREE SCHOOL DISTRICT

## APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: District Clerk - Sag Harbor Union Free School District  
200 Jermain Avenue, Sag Harbor, New York 11963

Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby  
 **INSPECT**     **REQUEST** record(s) or portions thereof pertaining to the described below. As you know, the Freedom of Information Law requires that an agency respond to a request within five (5) business days of receipt of request. I understand that the fee for photocopying records is \$.25 per copy and/or the actual cost of duplication of means other than photocopying. I understand that I will be charged for postage if mailed.

Name of Applicant:

*First Name*

*Middle Initial*

*Last Name*

Mailing Address:

*Mailing Address*

*City*

*State*

*Zip*

Name of Business (if applicable) or Representative:

Telephone Number:

Signature of Applicant:

Date of Application:

Description of Record(s) Sought:

### THIS SECTION TO BE COMPLETED BY THE FREEDOM OF INFORMATION OFFICER

Date Request Received:

- Approved
- Denied for the reason(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) \_\_\_\_\_

Status:

**NOTICE:** You have a right to appeal a denial of this application to the Superintendent of Schools of the Sag Harbor Union Free School District. Please submit such appeal in writing and the Superintendent of Schools will respond in writing within ten (10) days of the receipt of the appeal.

I hereby appeal \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date