

CITY OF BEACON

APPLICATION FOR ACCESS TO RECORDS

TO: Records Access Officer
1 Municipal Plaza
Suite One
Beacon, NY 12508

I hereby apply for a copy of the following record(s): _____

I request this copy to be a:

() Paper copy () Audio tape copy

_____ Date

_____ Print Name

_____ Signature

_____ Representing

_____ Telephone Number

_____ Address

_____ City, State, Zip Code

_____ **APPROVED**

_____ **DENIED (For the following reason(s) :)**

_____ Confidential Disclosure

_____ Part of an Investigatory File

_____ Record is exempted by stature other than Freedom of Information Law

_____ Other:

_____ Signature

_____ Title

_____ Date

PLEASE TAKE NOTICE

Any person whose application to inspect and/or copy records has been denied may appeal such denial to the City of Beacon Council. Such appeal must be in writing and must set forth the name and address of the applicant, the specific records requested, the date of the denial and the reasons given for such denial. Within 30 days of such denial, the Council shall, upon receipt of a written appeal, immediately review the matter and affirm, modify or reverse the denial. If the Council affirms or modifies the denial, it shall, within seven days of receipt of the appeal. City of Beacon, One Municipal Plaza, Suite One, Beacon, NY 12508.