APPLICATION FOR PUBLIC ACCESS TO CITY OF MIDDLETOWN RECORDS

This block for City use only:
Date Received: _____
Received by: _____
Copy to: _____
Copy to: _____

DATE RESPONSE DUE: _____

Instructions:
Please print all information and return form to:
Records Access Officer
City of Middletown
16 James Street, Box 4
Middletown, NY 10940 FAX: 845-344-5428

I wish to: ☐ inspect the following record ☐ obtain copies of the following record (you will be notified of fee to be charged)

Description of record:

_____

_____

_____

Name	Daytime Phone Number
Street Address	Representing
City, State, Zip	Signature

Please be aware that New York State Freedom of Information Law allows a municipality up to five (5) days to respond to a request for records. Some responses, due to their volume or depth of research, will take longer than the five days of allotted time. If this is the case regarding your request, this office will notify you in writing.

INFORMATION BELOW THIS LINE TO BE COMPLETED BY CITY OF MIDDLETOWN PERSONNEL

Records Access Officer Signature _____ Date _____

RETURN THIS FORM WITH THE REQUESTED INFORMATION OR DENIAL INFORMATION TO THE OFFICE OF THE CITY CLERK BY DATE SHOWN ABOVE (SEE DATE RESPONSE DUE)

☐ Request Approved by Department

☐ Request reviewed and approved by Corporation Counsel, if required

☐ Request Denied for reason(s) checked below:

_____Confidential disclosure
_____Exempted by statute other than the FOIL
_____Record of which this agency is legal custodian cannot be found
_____Record sealed or pending investigation
_____Record is not maintained by City
_____Unwarranted invasion of personal privacy

Other: _____

_____

Signature _____Title: _____Date _____

NOTICE TO APPLICANT: You have the right to appeal a denial of this application by returning this form within 30 days to the office of the Mayor, 16 James Street, Middletown, NY. You must be provided with a response to your appeal within seven (7) working days.