

APPLICATION FOR PUBLIC ACCESS TO RECORDS
OF THE TOWN OF ALBION

To: Records Access Officer

Name of Agency

Address

I hereby apply to inspect the following record:

Signature

Date

Representing

Mailing Address

FOR AGENCY USE ONLY

APPROVED ☐

DENIED (for the reasons(s) checked below)

- | | |
|---|--|
| <input type="checkbox"/> Confidential Disclosure | <input type="checkbox"/> Part of Investigatory Files |
| <input type="checkbox"/> Unwarranted Invasion of Personal Privacy | |
| <input type="checkbox"/> Record of Which This Agency is Legal Custodian Cannot be Found | |
| <input type="checkbox"/> Record is not Maintained by This Agency | |
| <input type="checkbox"/> Exempted by Statute Other Than the Freedom of Information Act | |
| <input type="checkbox"/> Other (specify) _____ | |

Signature

Title

Date

NOTICE: You have a right to appeal a denial of this application to the head of this agency -

Name

Business Address

Who must fully explain his reasons for such denial, in writing, seven days after receipt of an appeal.

I hereby appeal:

Signature

Date