



SCHOHARIE COUNTY
Request for Access to Public Records
PO Box 429
Schoharie, NY 12157

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I HEREBY APPLY TO INSPECT THE FOLLOWING RECORDS:

Requested By (please print) _____ Signature _____

Email Address (optional) _____

Mailing Address _____ Date _____

For Agency Use Only

APPROVED _____

DENIED (reason(s) checked below)

- _____ Confidential Disclosure
- _____ Part of Investigatory Files
- _____ Unwarranted invasion of personal privacy
- _____ Record 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) _____

Signature _____ Title _____ Date _____

NOTICE: You have a right to appeal a denial of this application to the County Attorney, who must fully explain his/her reasons for such denial in writing seven days of receipt of an appeal.

I HEREBY APPEAL: _____
Signature _____ Date _____