

APPLICATION FOR PUBLIC ACCESS TO RECORDS

CLINTON COUNTY SHERIFF'S OFFICE
25 McCARTHY DRIVE
PLATTSBURGH, NY 12901

Print Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ Information on: () Myself () Other

Email Response, Please Provide Address: _____

I hereby apply to inspect the following records: (Please Describe In Detail)

Requestor's Signature: _____

AGENCY USE ONLY

APPROVED _____

DENIED _____ (FOR THE REASONS CHECKED BELOW)

- ____ Confidential Disclosure _____ Part of Investigatory Files
____ Unwarranted Invasion of Personal Privacy
____ Record of Which This Agency is Legal Custodian Cannot Be Found
____ Exempted By Statute Other Than The Freedom of Information Act
____ Other

Signature: _____ Title: _____ Date: _____

NOTICE: You have the right to appeal a denial of this application to the Clinton County Administrator 137 Margaret Street Plattsburgh, NY 12901 Who must fully explain the reasons for such denial in writing seven days from receipt of an appeal.

I HEREBY APPEAL.

Signature: _____ Date: _____