

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Pursuant To The New York State Freedom of Information Act

PLEASE PRINT OR TYPE ALL ENTRIES - COMPLETE CONSUMER AND VENDOR INFORMATION

Consumer Information	Vendor Information
Your Name	Name of Business
Address	Address
City State Zip	City State Zip
Telephone Number (including area code) (Home) (Daytime - if different)	Telephone Number (including area code)

Specific Information Requested:

AREA BELOW FOR OFFICE USE ONLY

Request Received By: Mail In Person Fax Web/E-mail

Request Denied (Attach Justification)

Request Approved Responded To By:

Name _____ Date _____

Information Released to Petitioner: _____
