

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: Records Access Officer

DATE: _____

DEPARTMENT: _____

I wish to inspect the following record(s): (Please Identify)

Name: _____ **Phone #:** _____

Mailing Address: _____

Representing (if State employee, name of employing agency) _____

FOR AGENCY USE ONLY

TO: Applicant

Approved _____ **You may see and/or copy (this) (these) record(s) as follows:**

DATE _____ **TIME** _____ **PLACE** _____

Photocopies: Number _____ **Charge** _____

Denied (for the reason(s) checked below):

- ____ **Exempted by statute other than Freedom of Information.**
- ____ **Unwarranted invasion of personal privacy.**
- ____ **Would impair contract awards or collective bargaining agreements.**
- ____ **Trade secret; confidential commercial information.**
- ____ **Law enforcement records.**
- ____ **Would endanger the life or safety of any person.**
- ____ **Interagency or intra-agency materials.**
- ____ **Current examination questions or answers.**
- ____ **Record is not maintained by this agency.**
- ____ **Record of which this agency is legal custodian cannot be found**
- ____ **Other (specify)** _____

Signature of Record Access Officer

Any person denied access to records may appeal the denial with _____ days of the denial.

Such appeal shall be heard by _____.