

PORT JERVIS PUBLIC SCHOOLS

Port Jervis, New York 12771

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: Records Access Officer
Port Jervis Public Schools
9 Thompson Street
Port Jervis, NY 12771

_____ I hereby apply to inspect and/or certify the following records at no charge.

_____ Check here if copies are requested to be made of the above records (see statement below with regard to the cost of copies).

Signature *Telephone Number* *Date*

Representing *Mailing Address*

You will be notified, within five (5) business days, of approval or denial of your request.

-----TO BE COMPLETED BY SCHOOL DISTRICT-----

_____ Approved - records will be available at:

Location *Date* *Time*

_____ Other (specify): _____

_____ Denied for reason(s) checked below:

_____ Confidential disclosure

_____ Part of investigatory files

_____ Unwarranted invasion of
personal property

_____ Records of 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"

Records Access Officer *Date*

NOTE: (If applicable) fees for making copies (\$.25 per page) will be \$ _____. Records for sizes larger than 8 1/2" x 14" will have a fee based on cost to reproduce.

NOTICE: You have a right to appeal a denial of this application to the Superintendent of Schools, 9 Thompson Street, Port Jervis, New York 12771, telephone (845) 858-3177, within thirty (30) days. Determination of said appeal will be made in writing within seven:(7) business days of receipt.