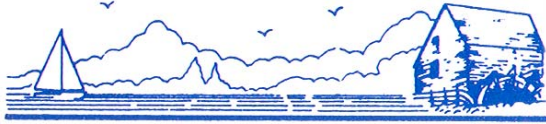


Village of Port Washington North



**APPLICATION FOR PUBLIC
ACCESS TO RECORDS**

To: Records Access Officer
Village of Port Washington North
71 Old Shore Road
Port Washington, NY 11050

I hereby apply to inspect the following records:

Signature

Date

Representing

Mailing Address

City

State

Zip Code

FOR VILLAGE USE ONLY

Approved _____

Denied _____

Reason for denial:

_____ Record of which this Village is Legal Custodian cannot be found.

_____ Record is not maintained by this Village.

_____ Record cannot be found.

_____ Exempted by statute other than Freedom of Information Act.

_____ Unwarranted invasion of personal privacy.

_____ Confidential disclosure.

_____ Part of investigatory file.

_____ Other: _____

Signature

Title

Date

NOTICE TO APPLICANT: You have a right to appeal a denial of this application to the Board of Trustees of the Village of Port Washington North who must explain their reasons for such denial in writing within seven days of receipt of an appeal.

I hereby appeal:

Signature

Date