

To: Records Officer  
Apalachin Fire District  
230 Pennsylvania Avenue  
P.O. Box 572  
Apalachin, NY 13732

I hereby apply to inspect the following records:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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(This section for Apalachin Fire District use only)

- \_\_\_ Approved
- \_\_\_ Denied (for the reasons checked below)
- \_\_\_ Privileged contract or settlement negotiations.
- \_\_\_ Privileged litigation or legal matters
- \_\_\_ Privileged inter or intra agency communications
- \_\_\_ Unwarranted invasion of personal privacy
- \_\_\_ Exempted by state or federal statute
- \_\_\_ Would endanger life or safety of any person
- \_\_\_ Other, specify - \_\_\_\_\_

Copying Fee: \$ \_\_\_\_\_

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Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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Notice: You have a right to appeal the decision of the Freedom of Information officer whose decision will be in writing and will state the reasons for said action. Your request will be granted, denied or acknowledged within five (5) business days from the date of the request.

A written appeal should be submitted to the Apalachin Fire District within thirty (30) days of the denial and must contain the following: The date and location of a request for records, the records that were denied and the name and return address of the appellant.