

CITY OF NORWICH  
NORWICH, NY 13815

Application for Access to Public Records

Date of Request: \_\_\_\_\_

Specific Record Requested: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Specific Information Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Requesting Record: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Within five (5) business days the above request will be approved or denied.

Copies of approved records will be available for .25 per each single page.

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

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

NOTICE: You have the right to appeal a denial of this application to the head of this agency.