

**CITY OF NORWICH  
NORWICH, NY 13815**



**Application for Access to Public Records**

*Please print all information clearly*

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

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

Date & Time of Incident (if applicable): \_\_\_\_\_

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

Name of Person Requesting Record: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Would you like the information emailed if that is an option \_\_\_Yes \_\_\_ No

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

Copies of approved records will be available @ \$0.25 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.