

**MADISON COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH  
APPLICATION FOR PUBLIC ACCESS TO RECORDS**

TO: RECORDS ACCESS OFFICER  
MADISON COUNTY  
COUNTY OFFICE BUILDING  
WAMPSVILLE, NY 13163

RE: FREEDOM OF INFORMATION LAW REQUEST

DATE: \_\_\_\_\_

Under the provisions of the New York Freedom of Information La2w, Article 6 of the Public Officers Law, I hereby request records or portions thereof pertaining to: \_\_\_\_\_

(attempt to identify the records in which you are interested as clearly as possible)

\_\_\_\_\_  
Signature of Person Requesting Information

\_\_\_\_\_  
Print Name

**FOR AGENCY USE ONLY**

- APPROVED BY DIRECTOR PUBLIC HEALTH/ENVIRONMENTAL HEALTH
- REFERRED TO RECORDS ACCESS OFFICER, COUNTY PERSONNEL OFFICE
- APPROVED, RECORDS ACCESS OFFICER (A RESPONSE SHALL BE MADE AVAILABLE WITHIN 5 BUSINESS DAYS)
- DENIED (for the reason(s) checked below)
  - Confidential disclosure
  - Part of investigatory files
  - Unwarranted invasion of personal privacy
  - Record 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
  - Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

NOTICE: You have a right to appeal a denial of this application. You are directed to contact the following individual who must fully explain their reasons for such denial in writing ten days of receipt of an appeal.

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Department and Address

\*\*\*\*\*

I HEREBY APPEAL:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date