APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: Records Access Officer
Incorporated Village of Baxter Estates
315 Main Street
Port Washington, NY 11050

Date: _____
Phone: (516) 767-0096
Fax: (516) 767-0058
Email: clerk@baxterestates.gov

I hereby apply to inspect the following record(s): _____

_____

_____

_____

_____

Phone Number:_____

Email: _____

I hereby request the following documents and I understand that any copies requested are charged at a rate of $0.25 per page.

Signature: _____Date: _____

Representing: _____

_____

Mailing Address City State Zip

FOR VILLAGE USE ONLY

Records requested are available and may be inspected on or after: _____.

Records requested were sent via email/mail on: _____.

Records requested are NOT available because:
_____ a) They are not public record
_____ b) Records are not maintained by the Village of Baxter Estates
_____ c) No record of the requested material can be found
_____ d) Material has been destroyed compliant with State Regulations
_____ e) Exempt by statute other than the F.O.I.L. Act

_____

Signature Title Date

Notice to Applicant: You have the right to appeal a denial of this application to the Board of Trustees of the Village of Baxter Estates who must explain their reasons for such denial in writing within seven days of receipt of an appeal.