

**Town of Machias**  
**Application For Public Access To Records**  
**FAX: (716) 353-8234**

To: Town of Machias  
Records Access Officer  
P.O. Box 87  
Machias, NY 14101

<b>For Agency Use Only</b>
Record # _____

I hereby apply to access the following record:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- I hereby request to inspect the record.
- I hereby request a copy of the record, for which I agree to pay \$.25 per page.

_____ Name	_____ Signature
_____ Representing	_____ Date
_____ Mailing Address	

**For Agency Use Only**

- Approved. Record consists of \_\_\_\_\_ pages. Please call \_\_\_\_\_ at \_\_\_\_\_ to schedule an appointment to inspect the records. A copy will be available upon receipt of \_\_\_\_\_. If you wish a copy to be mailed to you, please include an additional \_\_\_\_\_ for postage.
- Denied.
- Record of which this agency is legal custodian cannot be found.
- Record is not maintained by this agency.
- Records have been (partially, fully) provided. (If not fully provided, date when records are expected to be fully provided: \_\_\_\_\_)
- Explanation: \_\_\_\_\_

_____ Records Access Officer	_____ Date
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**NOTICE:** You have a right to appeal a denial of this application to the Appeals Officer, who must fully Explain the reasons for such denial in writing within seven days of receipt of an appeal. If you wish to appeal, Please submit your appeal to the Appeals Officer:

Town of Machias Supervisor  
Records Appeals Officer  
P.O. Box 87  
Machias, New York 14101

I hereby appeal:

_____ Signature	_____ Date
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