

TOWN 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.