

**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.