



**Port Washington Water District
Application for Public Access to Records**

To: Records Access Officer, Port Washington Water District, 38 Sandy Hollow Road, Port Washington, NY 11050. Telephone: (516) 767-0171

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

I hereby declare, under penalty of perjury, that the above information is or is not (check one) being used for commercial or fund raising purposes. I further understand and acknowledge that I must pay up to \$0.25 per copy for photocopying the records requested.

Signature

Print Name

Representing

Date of Request

Telephone Number

Fax Number

Mailing Address

For Water District Use Only

Request Approved: . Water District staff is searching the files for the records and anticipates providing you with all or some of the records on or about _____. Please call the records access officer at the above number on that date to determine whether the files are available and if so, to schedule an appointment for your inspection of the documents.

Request Denied: (For the reason(s) checked below)

- | | | |
|--|---|---|
| <input type="checkbox"/> Confidential disclosure | <input type="checkbox"/> Investigatory files | <input type="checkbox"/> Unwarranted invasion of personal privacy |
| <input type="checkbox"/> Unreasonably broad or insufficiently specific | <input type="checkbox"/> Record of which this agency is legal custodian cannot be found | <input type="checkbox"/> Record of which this agency is legal custodian cannot be found |
| <input type="checkbox"/> Contract negotiations | <input type="checkbox"/> Inter-agency materials | <input type="checkbox"/> Record is not maintained by this agency |
| <input type="checkbox"/> Exempted by statute other than the Freedom of Information Law | <input type="checkbox"/> Trade secrets | <input type="checkbox"/> Other: _____ |

Signature

Title

Date

Notice: You have the right to appeal a denial of the application to the Board of Commissioners who must fully explain the reasons for such a denial in writing seven days of receipt of an appeal.

I hereby appeal:

Name (print and sign)

Date