

**APPLICATION FOR PUBLIC ACCESS TO RECORDS**

**TO: Records Access Officer**

**DATE:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**I wish to inspect the following record(s): (Please Identify)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name**

**Mailing Address**

**Representing (if State employee, name of employing agency)**

**FOR AGENCY USE ONLY**

**TO: Applicant**

**Approved**

**You may see and/or copy (this) (these) record(s) as**

**follows:**

**DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_ **PLACE** \_\_\_\_\_

**Photocopies: Number** \_\_\_\_\_ **Charge** \_\_\_\_\_

**Denied (for the reason(s) checked below):**

- Exempted by statute other than Freedom of Information.**
- Unwarranted invasion of personal privacy.**
- Would impair contract awards or collective bargaining agreements.**
- Trade secret; confidential commercial information.**
- Law enforcement records.**
- Would endanger the life or safety of any person.**
- Interagency or intra-agency materials.**
- Current examination questions or answers.**
- Record is not maintained by this agency.**
- Record of which this agency is legal custodian cannot be found**
- Other (specify) \_\_\_\_\_**

\_\_\_\_\_  
**Signature of Record Access Officer**

**Any person denied access to records may appeal the denial with \_\_\_\_\_ days of the denial.**

Such appeals shall be heard by \_\_\_\_\_.