

Village of Little Valley  
Application For Public Access To Records  
FAX: (716) 938-9154

To: Village of Little Valley Clerk  
Records Access Officer  
103 Rock City Street  
Little Valley, New York 14755

<b>For Agency Use Only</b>  Record # _____
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I hereby apply to access the following record(s):

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

- 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

\_\_\_\_\_  
Organization, if applicable 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

**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:

Village of Little Valley Clerk  
Records Appeals Officer  
103 Rock City Street  
Little Valley, New York 14755

I hereby appeal:  
\_\_\_\_\_  
Signature  
Date: \_\_\_\_\_