

APPLICATION FOR PUBLIC ACCESS TO SELKIRK FIRE DISTRICT RECORDS

Note: Please Print When Completing This Form

Date: _____

Submitted To: Selkirk Fire Department, District Secretary/Records Officer

Submitted By:

Name

Representing

Mailing Address Including City, State & Zip

Email Address

Telephone Number Fax Number

Signature

I hereby apply to inspect the following records: *(please use other side if additional space is needed) upon approval an inspection date and time will be scheduled with you:*

-or-

I hereby apply for copies of the following records at a cost of \$0.25 cents per page:

***PLEASE MAIL or Email COMPLETED FOIL REQUEST FORMS TO THE BELOW ADDRESS:**

Selkirk Fire District
Attn: Records Office/FOIL
P.O. Box 5
Selkirk, NY 12158
secretary@selkirkfd.org

For Selkirk Fire Dept. Office Use Only:

Number of Copies: _____ Amount Due: _____

Date Completed: _____ Completed By: _____

Scheduled Date of On-Site inspection of Records: _____

- Approved**
- Denied**
- Record, of which this agency is Legal Custodian, cannot be found**
- Record is not maintained by this Agency**

Signature

Title

Date

Right to Appeal

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE SELKIRK BOARD OF FIRE COMMISSIONERS WHO MUST FULLY EXPLAIN THEIR REASONS FOR SUCH DENIAL IN WRITING WITHIN SEVEN DAYS OF RECEIPT OF AN APPEAL.

Name

Business Address

I HEREBY APPEAL:

Signature Date