

Chenango County Sheriff's Office

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date: _____

To: **Records Access Officer**
Chenango County Sheriff's Office
279 County Road 46
Norwich, NY 13815

I HEREBY APPLY TO INSPECT AND/OR OBTAIN COPIES OF THE FOLLOWING RECORD(S):
CASE #, DATE, TIME & PARTIES INVOLVED IN INCIDENT:

TYPE OF INCIDENT: _____

SPECIFIC INFORMATION REQUESTED: _____

FOR THE FOLLOWING REASON (Optional): _____

THE RECORD(S) (CHECK ONE) _____ DO Pertain to me personally.

_____ DO NOT pertain to me personally.

NAME: _____

REPRESENTING: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

CELL # _____

FAX NUMBER: _____

E-Mail: _____

SUBMISSION OF APPLICATION:

Submit Electronically

Deliver or Mail To:

Chenango County Sheriff's Office - Records Access Officer
279 County Road 46
Norwich, NY 13815

Fax: 607-336-1568

Email: DFair@co.chenango.ny.us

THE SHERIFF'S OFFICE WILL RESPOND TO THIS REQUEST WITHIN FIVE (5) BUSINESS DAYS

FOR AGENCY USE ONLY

APPROVED _____

DENIED (For the reason checked below)

- Confidential Disclosure Part of Investigatory files
- Unwarranted invasion of person privacy
- Record of which this agency is legal custodian cannot be found
- Record is not maintained by this agency
- exempted by statute other than the Freedom of Information Act.
- Other (Specify) _____
- Request too broad (must state specific information needed)
- Record(s), after a diligent search, cannot be found.
- Request acknowledged. Approximate date on which determination is expected to be issue: _____

SIGNATURE: _____ TITLE: _____ DATE: _____

FEE NOTICE: The Sheriff's Office may charge a fee, payable in advance, for paper copies of records furnished hereunder. Fees are twenty-five cents per photocopy not in excess of nine inches by fourteen inches, or the actual cost of reproducing any other record, except when a different fee is otherwise prescribed by law. POL Section 87 (1) (b) (iii). Fees for medical records are seventy-five cents per photocopy. N.Y. Public Health Law 17-18.

APPEAL NOTICE: You have a right to appeal the adverse determination by the Records Access Officer to the head of this Office, The Sheriff of Chenango County. You must submit your appeal in writing within thirty (30) days hereof. You must submit any relevant information or documentation that you wish to be considered in support of your appeal to: ERNEST R. CUTTING JR. – Chenango County Sheriff

279 County Road 46 – Norwich NY 13815

The Sheriff shall determine your appeal within (10) business days of the receipt of an appeal.

TO THE SHERIFF: I hereby appeal the determination of the Records Access Officer.

Name: _____

Signature: _____

Mailing Address: _____

City, State, Zip: _____

Daytime Telephone / Fax Number: _____

Date: _____