TOWN OF NEWSTEAD

FREEDOM OF INFORMATION LAW
APPLICATION FOR PUBLIC RECORDS

APPLICANT NAME:_____

ADDRESS:_____

PHONE NO.:_____

I HEREBY REQUEST ACCESS/COPIES OF THE FOLLOWING RECORDS:

_____

_____

_____

_____

SIGNATURE:_____**DATE:**_____

.....

For Agency Use Only

_____ **Application Approved**

_____ **Application Denied**

Reason: ____ **Confidential Disclosures**

_____**Part of Investigation Files**

_____**Unwarranted Invasion of Personal Privacy**

_____**Record Can't Be Found**

_____**Record not Maintained by this Agency**

_____**Exempted by Statute other than Freedom of Information Act**

Other_____

Signature:_____**Title:**_____**Date:**_____

NOTICE: You have the right to appeal a denial of this application to the head of this agency, who must explain the reason for denial within 7 days in writing.

I HEREBY APPEAL:

Signature: _____ **Date:** _____