



**COUNTY OF NASSAU
STATE OF NEW YORK**

**APPLICATION FOR PUBLIC ACCESS TO RECORDS
PURSUANT TO NYS FREEDOM OF INFORMATION LAW**

TO: RECORDS ACCESS OFFICER
OFFICE OF CONSUMER AFFAIRS
200 County Seat Drive
Mineola, NY 11501

DATE: _____

I hereby request information about:

Firm Name: _____

Your Name: _____

Address: _____

Address: _____

Town/City: _____

Town/City: _____

Daytime Phone: _____

SPECIFIC INFORMATION BEING REQUESTED:

FOR AGENCY USE ONLY

APPROVED _____

DENIED For the Reason(s) checked below

- | | | | |
|--------------------------|--|--------------------------|-----------------------------|
| <input type="checkbox"/> | Confidential Disclosure | <input type="checkbox"/> | Part of investigatory files |
| <input type="checkbox"/> | Unwarranted invasion of personal privacy | | |
| <input type="checkbox"/> | Record of which this agency is legal custodian cannot be found | | |
| <input type="checkbox"/> | Record is not maintained by this agency | | |
| <input type="checkbox"/> | Exempted by Statute other than the Freedom of Information Act | | |
| <input type="checkbox"/> | Other (specify) | | |

_____	Records Access Officer	_____
Signature	Title	Date

***NOTICE:** You have a right to appeal a denial of this application to the head of this agency, Commissioner Roger C. Bogsted, who must fully explain his reasons for such denial in writing within seven days of receipt.

I hereby appeal:

_____	_____
Signature	Date