



Application
Access to Public Records
City of Dunkirk, N.Y.
342 Central Avenue
Dunkirk, NY 14048

Telephone: 716-366-0452

Facsimile: 716-363-0058

Name of Applicant: _____

Address: _____

Telephone/Fax Number: _____

Information requested: _____

Any applicant desiring copies of requested records must remit in advance payment of the following charges prior to any records being released: Copying up to 9" x 14" size shall be \$0.25/page, or actual copying costs for over-sized/special records.

Records of approved requests will be made available for inspection or pick-up at the Office of the City Clerk. Records may be mailed upon request and receipt of advance payment of appropriate postage.

COMPLETE ONLY IF REQUESTING A LIST OF NAME AND ADDRESSES

By signing below, I certify that such list(s) will not be used for commercial or fundraising purposes. Sections 87(2)(b) and 89(2)(b)(iii) of the NY Public Officers Law permit the City of Dunkirk to seek a certification from an applicant seeking disclosure of a list of names and addresses, that such list will not be used for commercial or fundraising purposes.

Signature: _____ Print Name: _____ Date: _____

DISPOSITION

- APPROVED. The approximate date the records will be available: _____. To arrange for access to the records, contact: _____.

- DENIED:
 - Records are specifically exempted from disclosure by state or federal statute.
 - Disclosure would constitute an unwarranted invasion of personal privacy.
 - Disclosure would impair present or imminent contract awards or collective bargaining negotiations.
 - Records are exempt from disclosure under the Law Enforcement Exemption.
 - Disclosure could endanger the life or safety of any person.
 - Records are exempt from disclosure under Inter/Intra-Agency Materials Exemption.
 - Other: _____.

- UNAVAILABLE:
 - Records requested were not described in sufficient detail.
 - Records requested are not maintained by this department.
 - This Department maintains the records you have requested, but the records could not be located after a diligent search.
 - Other: _____.

DEPARTMENT REVIEW

Chief of Police	_____	Date:	_____
City Attorney	_____	Date:	_____
City Clerk	_____	Date:	_____

NOTICE: You have a right to appeal a denial of this Application. If you wish to appeal, a written appeal must be made within thirty (30) days after receiving the denial. A written response will be provided within ten (10) business days after receipt of the appeal.

I hereby appeal the denial of access to records:

(Signature)

(Date)