Application for Public Access to Records
County of Genesee

To: Records Access Officer

Genesee County Health Department
3837 West Main Street Road
Batavia, NY 14020

I hereby apply to inspect the following record:

_____
_____
_____

_____ _____
Signature Date

_____ _____
Print Name Phone

_____
Representing

_____
_____
_____
Mailing Address

***Note: The county has five (5) business days from the date of receipt of this request to gather file data.

****

For Agency Use Only

Approved _____

Denied (for the reason(s) checked below)
_____ Confidential Disclosure
_____ Unwarranted invasion of personal privacy
_____ Record, of which this agency is legal custodian, cannot be found.
_____ Exempted by statute other than the Freedom of Information Act
_____ We have no record of this.
_____ Other (specify) _____

_____ _____ _____
Signature Title Date

Notice: You have a right to appeal a denial of this application to the Genesee County Attorney, who must fully explain the reasons for such denial, in writing, seven business days within receipt of an appeal.

Updated 4/21/08