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| Gates Chili Central School District **ACCESS TO RECORDS APPLICATION**  Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Return completed application to:  Records Access Officer  3 Spartan Way  Rochester, NY 14624  or Email to: condenessa\_brown@gateschili.org  or Fax to: (585) 340-5569 |

## Contact Information:

|  |  |
| --- | --- |
| Name |  |
| Organization (if any) |  |
| Street Address |  |
| City, State Zip Code |  |
| Phone Number |  |
| E-Mail Address |  |

## Record(s) Requested:

### Please provide specific, detailed information about the record(s) you are requesting. There is a $0.25 per page copying fee.

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## *FOR DISTRICT USE ONLY*

|  |  |
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| Approved | |
| Partially Approved | |
| Denied (Record disclosure is exempt under a category as defined in Section 87.2 of the Public Officers Law, Article 6) | |
| Record not maintained by the District | |
|  | |
| Records Access Officer: |  |
|  |  |
| Acknowledgement Date: |  |

## *For Appeal Only:*

### If you wish to appeal the Record Access Officer’s decision on your application for public access to records, sign and date below and send this form within 30 days:

|  |  |
| --- | --- |
|  | I hereby appeal: |
| To: |  |
| Superintendent of Schools |  |
| 3 Spartan Way | Signature |
| Rochester, NY 14624 |  |
| or Fax to: (585) 340-5569 |  |
|  | Date |