



Application
Access to Public Records
Dunkirk Local Development Corporation
338 Central Avenue, Suite 210
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 DLDC. Records may be mailed upon request and receipt of advance payment of appropriate postage.

COMPLETE ONLY IF REQUESTING A LIST OF NAMES AND ADDRESSES.

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

| | | |
|----------------|-------|------------|
| Admin Director | _____ | Date _____ |
| Attorney | _____ | Date _____ |
| | _____ | 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)