

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.

FOR DISTRICT USE ONLY

- 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
Rochester, NY 14624
or Fax to: (585) 340-5569

Signature

Date