



CHEMUNG COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH SERVICES
 103 Washington St., PO Box 588
 Elmira, New York 14902
 Phone – 607-737-2019 Fax – 607-737-2059

Date: _____ LOG # _____

**APPLICATION FOR
 PUBLIC ACCESS TO RECORDS
 (Freedom of Information Request Form)**

www.chemungcountyhealth.org

Please type or print:

Applicant's Name: _____

Phone: (____) _____ Fax: (____) _____

- Please check one:** **Request to inspect the following records:**
 Request copies of the following records (copying fees may apply):

Type of information requested (*be specific as to subject, dates, facilities, locations, etc.*):

SIGNATURE OF APPLICANT: _____ **Date:** _____

Representing: _____

Mailing Address: _____

FOR DEPARTMENTAL USE ONLY

CORRECTNESS/SEARCH CERTIFICATION:

I certify that:

- The copies attached are correct copies of the records requested by the applicant
- The records reviewed by the applicant are correct and complete.
- A proper search has been conducted for the records requested for inspection by the applicant and that they cannot be found.

Signature: _____

Title: _____ Date: _____

DENIAL OF ACCESS:

I hereby certify that access has been denied to the applicant for the reason(s) checked below:

- Exempted by other statute
- Part of investigatory files
- Not specifically named as available under any statute
- Confidential Disclosure
- Unwarranted Invasion of Personal Privacy
- Other (specify) _____

Signature: _____

Title: _____ Date: _____

Cost of Copies

Number of pages = _____

Receipt #: _____

Cost per page = _____

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Total Cost = _____

Date: _____