Please type or print:
Applicant's Name: __________________________________________ Email Address: ______________________________
Phone: (_____)_____________________     Fax: (______) _____________________

Please check one:
☐ Request to inspect the following records:
☐ Request paper copies of the following records (copying fees may apply):
☐ Request electronic copies of the following records via email:

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

SIGNATURE OF APPLICANT: __________________________________________ Date: ____________________________
Representing:

Mailing Address:
Applications can be submitted via mail, fax (607-737-2059), or email (EHS@co.chemung.ny.us)

FOR DEPARTMENTAL USE ONLY

CORRECTNESS/SEARCH CERTIFICATION:
I certify that:
☐ The copies attached are correct and complete 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: __________________________

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