1120 NEW LEBANON CENTRAL SCHOOL DISTRICT APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: Records Access Officer New Lebanon CSD 14665 State Route 22 New Lebanon, NY 12125

I hereby apply to inspect the following record(s)		
For the following purpose(s)		
Print Name	Signature	Date
Representing	Mailing Address	
	**************************************	**************************************
[] Approved Inspection [] A	pproved for Copies	Pages at \$0.25 per page
Total Received \$		
Denied (for the reason(s) checked b	elow)	
 [] Confidential Disclosure [] Unwarranted Invasion of Person [] Record of which this agency is [] Record is not maintained by this [] Exempted by statute other than [] Other (Specify) 	legal custodian s agency the Freedom of Information Ac	
NOTICE: You have a right to app	eal a denial of this application t	to the Superintendent of Schools, who riting within ten (10) business days of
Name	Busine	ss Address
I hereby appeal: Signature	Date	