



FREEDOM OF INFORMATION REQUEST

TO: City of Poughkeepsie Records Access Officer

RE: _____
(NAME OF AGENCY OR DEPARTMENT)

I hereby apply to inspect the following records: ***Be as specific as possible***

Print Name: _____

Signature: _____

Address: _____

Phone: _____ Fax No. _____

Email Address: _____

.....
(OFFICE USE ONLY)

Date Received: _____

SIGNATURE TITLE

Approved Denied in Whole Denied in Part

Reason for Denial _____

SIGNATURE TITLE DATE

A person denied access has the right to appeal. Please note that requests for appeals must be made in writing within 30 days of the denial to the Appeals Officer, who is the Finance Commissioner. Mail your request to:

City of Poughkeepsie, City Chamberlain
62 Civic Center Plaza
Poughkeepsie, New York, 12601
Fax (845) 451-4239