Clarence Senior Citizens Inc.

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: **Clarence Senior Citizens, Inc.**

FROM: _____ _____

Name (Please type or print) Representing

_____

Address

I HERENBY APPLY TO INSPECT THE FOLLOWING RECORD (S):

_____

_____

FOR CENTER USE ONLY

Approved _____

_____ Record is Being Searched and is expected to be located within _____.

Denied (for the reason (s) below)

____ Record is not maintained by the Clarence Senior Center

____ Record cannot be Found

____ Exempted by Statute Other than the Freedom of Informational Act

____ Confidential Disclosure

____ Part of Investigatory File

____ Unwarranted Invasion of Personal Privacy

____ Other (Specify)_____

_____ _____ _____

Signature Title Date

Notice: You have a right to appeal a denial of this application within 30 days to:

Clarence Senior Citizens, Inc.
Board of Directors
4600 Thompson Road
Clarence, New York 14031

Who must fully explain reasons for such denial in writing within seven working days of receipt of an appeal

I hereby appeal.

_____ _____

Signature Date