

# APPLICATION FOR PUBLIC ACCESS OF RECORDS

TO: RECORDS ACCESS OFFICER  
Port Washington Police District  
500 Port Washington Blvd.  
Port Washington, NY 11050

PWPD FOIL #: 6277

**TOTAL Amount Due:** \$ \_\_\_\_\_

## TO BE COMPLETED BY APPLICANT

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD: (Please specifically describe the record sought. If possible, provide a date, a file title, report number and/or other information that will help locate the record desired.)

yearly time records for Treasurer from 1/1/15 to present, days worked of  
PRINTED NAME AND ADDRESS OF APPLICANT: RONALD DENEO ETC.

DAYTIME TELEPHONE NUMBER: 516-551-8191

REPRESENTATIVE OF: SELF

DOCUMENTS TO BE REVIEWED? YES  NO  DOCUMENTS TO BE COPIED? YES  NO

SIGNATURE OF APPLICANT: [Signature] Date: 6/13/17

## FOR AGENCY USE ONLY

DATE RECEIVED: \_\_\_\_\_ DEPT.: \_\_\_\_\_

DENIED  (for the reason(s) identified below) APPROVED

- Confidential Disclosure
- Unwarranted Invasion of Persons Privacy
- Record of Which This Agency is Legal Custodian Cannot Be Found
- Record is Not Maintained by This Agency
- Exempted by Statute Other Than The FREEDOM OF INFORMATION ACT
- Part of Investigatory Files
- Other (Specify) \_\_\_\_\_

Signature of Records Access Officer \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_

## RECORD TYPE:

- Not in excess of 9" X 14" .25 x \_\_\_\_\_ = \_\_\_\_\_
- 3.5" Diskette \$.37 x \_\_\_\_\_ = \_\_\_\_\_
- Cassette, audio 90 minute \$1.30 x \_\_\_\_\_ = \_\_\_\_\_
- Other \$ \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

**NOTICE: You have a right to appeal a denial of this application to:**

Board of Police District Commissioners  
Port Washington Police District  
500 Port Washington Blvd.  
Port Washington, New York, 11050

THE DISTRICT MUST FULLY EXPLAIN THE REASONS FOR SUCH A DENIAL IN WRITING WITHIN SEVEN (7) DAYS OF RECEIPT OF AN APPEAL

I HEREBY APPEAL \_\_\_\_\_ DATE \_\_\_\_\_