APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: Public Records Access Officer
        Amagansett Union Free School District
        POB 7062
        320 Main Street
        Amagansett, NY 11930-7062

I hereby request to inspect the following records:

_____

_____

_____

_____

I hereby request to have duplicated, at a charge of $0.25 per page, the following:

_____

_____

_____

I hereby request the following documents be electronically sent to me at my email listed below:

_____

_____

_____

_____

Date:_____

Name:_____

Name of Business or Organization, if applicable: _____

Mailing and Physical Address: _____

City, State, Zip Code: _____

Telephone & Cell Numbers: _____

Email Address: _____

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(FOR SCHOOL DISTRICT USE ONLY)

APPROVED:_____

DENIED:_____ (see below)

1. Specifically exempted from disclosure by State or Federal statute.

2. Confidential disclosure.

3. Unwarranted invasion of personal privacy.

4. Disclosure would impair contract or collective bargaining negotiations.

5. Trade secrets or maintained for the regulation of commercial enterprise which if disclosed would cause substantial injury to the competitive position of the subject enterprise.

6. Compiled for law enforcement purposes which if disclosed would interfere with law enforcement investigations or judicial proceedings.

7. Disclosure would endanger life and safety of any person.

8. Inter-agency or intra-agency materials not cited in the statute.

9. Examination questions or answers prior to administration.

10. Disclosure would jeopardize the School District's capacity to guarantee the security of its information technology assets.

11. Photographs, microphotographs, videotape or other recorded images prepared un the Vehicle and Traffic Law.

12. Computer Access Codes.

13. We have no information responsive to your request.

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(FOR REQUESTOR'S USE ONLY)

Appeal Procedure

Notice: You have the right to appeal a denial of this application to the Superintendent of Schools, Amagansett Union Free School District at (631-267-3572), who must explain her reasons for such a denial in writing within ten (10) days of receipt of an appeal.

I hereby appeal: _____

                     Signature   Date