NORTH TONAWANDA CITY SCHOOL DISTRICT
APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER
North Tonawanda City School District
176 Walck Road
North Tonawanda, NY 14120
Attn: Debra Bundt
dbundt@ntschools.org

I hereby request to inspect and/or receive copies of the following record(s). Please continue on second page if needed.

_____

_____

_____

_____ _____ _____
Print Name Signature Date

_____ _____
Representing Mailing Address

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FOR SCHOOL DISTRICT USE ONLY

[ ] Approved Inspection [ ] Approved for Copies _____ Cost $_____

Total Received $_____

Denied (for the reason(s) checked below)

[ ] Confidential Disclosure
[ ] Part of Investigatory Files
[ ] Unwarranted Invasion of Personal 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
[ ] Other (Specify): _____

_____
Signature, Records Access Officer Date

****

NOTICE: You have a right to appeal a denial of this application to the Superintendent, who must fully explain his or her reasons for such denial in writing within 10 business days of receipt of an appeal.

_____ _____
Name Business Address

I hereby appeal:

_____ _____
Signature Date

Continued from pg. 1 - I hereby request to inspect and/or receive copies of the following record(s):