

**CHEMUNG COUNTY SHERIFF'S OFFICE**  
**Phone # (607)737-2948 – Fax # (607)737-2931**

**APPLICATION FOR PUBLIC ACCESS TO RECORDS**

To the Office of the Sheriff:

I hereby apply to inspect the following records: (Be specific, give full names, alias, dates of birth, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

After inspection, should I desire copies of all or part of the records inspected, I will identify the records to be copies and hereby offer to pay the established fees.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Representing: \_\_\_\_\_

Full Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Denial of Access:

I hereby certify that access has been denied to the applicant for the following reason(s):

- |   |  |
|---|--|
| _____ Exempted by other statute                             | _____ Confidential disclosure                  |
| _____ Part of investigatory files                           | _____ Unwarranted invasion of personal privacy |
| _____ Case currently active                                 | _____ Case sealed by statute                   |
| _____ Not specifically names as available under any statute |  |
| _____ Other _____   |  |

You have the right to appeal denial of this application by writing, within thirty (30) days, to the Chemung County Attorney, P.O. Box 588, Elmira, NY 14902.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Search Certification	Correctness Certification	Cost of Copies
I certify that a proper search has been conducted for the records requested for inspection by the applicant and that they cannot be found.	I certify that the copies attached are correct copies of the records requested by the applicant.	Number of pages: _____ Cost per page: _____ Total cost: _____
_____ Signature	_____ Signature	_____ Received by
_____ Title	_____ Title	_____ Title
_____ Date	_____ Date	_____ Date

## INSTRUCTIONS FOR COMPLETING APPLICATION FOR PUBLIC ACCESS TO RECORDS

### ***Applicant:***

1. Review the listing of available correct records.
2. Identify the specific records you wish to inspect under the “application to inspect” portion of this form and sign.
3. If after inspection you should desire copies, further identify the specific records to be copied.
4. **IF YOU ARE DENIED ACCESS** and are dissatisfied with this determination, you may submit a written appeal to the County Attorney of Chemung County, 203 Lake Street, Elmira, New York 14901. Please attach a copy of this form where the “Denial of Access” portion has been completed.

### ***Department Representatives:***

1. Make the following items available to each applicant.
  - \_\_\_\_\_ Copies of this form
  - \_\_\_\_\_ Listing of available current records
  - \_\_\_\_\_ Copy of the Freedom of Information Law
2. If the records requested for inspection are not in the custody of this office, advise the applicant as to the identity and location of the proper agency.
3. If the records requested for inspection are in the custody of the Office but are not available for public access - complete the “Denial of Access” portion of this form, make and retain one copy of the completed form, and give the original to the applicant, explaining the reason for denial.
4. If records requested for inspection are available for public access - conduct the search.
5. If records cannot be found - complete “search certification” portion of this form, make and retain one copy of the completed form, and give the original to the applicant.
6. If records are found - promptly make them available to the applicant.
7. If applicant desires copies - complete “cost of copies” portion of this form, collect total cost from the applicant, make copies, and complete “correctness certification” portion of this form, make and retain one completed copy of this form and give original to the applicant.