City of Rochester

RECORDS ACCESS APPLICATION

Return completed application to:
Records Access Officer
City Hall, 30 Church Street, Room 202A
Rochester, New York 14614-1287
or FAX to: (585) 428-8841

(PLEASE PRINT)

Today's Date

Mailing Address

Name

City *State* *Zip*

Firm or Organization

Telephone

Signature

E-mail

There is a 25¢ per page copying fee. (Additional fees apply for photos and large maps.)

Claim # / Claimant

I hereby apply to inspect ☐ and / or copy ☐ the following record(s):

Record or Incident Type

Date of Incident (if applicable)

Incident Street Address (if applicable)

Police or Fire Report # (if applicable)

Describe Record(s) in Detail

FOR AGENCY USE ONLY

☐ **Approved**

☐ **Partially Approved**

☐ **Denied**

☐ **Record not maintained by the City**

Records Access Officer

Date

FOR APPEAL ONLY

If you wish to appeal the Record Access Officer's decision on your application for public access to records, sign below and send this form within 30 days to:

Corporation Counsel
City Hall, 30 Church Street, Room 400A
Rochester, New York 14614-1295

I hereby appeal:

Signature

Date

Revised 7/31/07