



Ogden Farmers' LIBRARY

RECORDS ACCESS APPLICATION

Please Print

Name of Applicant: _____

Address: _____

Date of request: _____ Daytime Telephone Number: _____

Signature of Applicant: _____

I hereby apply to ___ inspect and/or ___ copy the following record[s]:

Include as much detail about the record as possible [relevant dates, names, descriptions, etc.]

Return completed application to:

Note: there is a 25 cent charge for copying

Library Director

Ogden Farmers Library

269 Ogden Center Road

Spencerport, NY 14559

For OFL use only:

___ Approved ___ Denied ___ Record not maintained by the Library

Date: _____

Signature of the Library Director: _____

For appeal use: if you wish to appeal the Library Director's decision on your application for public access to records, please sign below and send this form within 30 days to the Library Board President, 269 Ogden Center Road, Spencerport, NY 14559

I hereby appeal:

Signature [please have appeal notarized if mailed]

Date: _____

Sworn before me this _____ day of _____ 20____

Notary signature

Adopted by the Ogden Farmers' Library Board of Trustees
July 18, 2013

269 Ogden Center Road | Spencerport, NY 14459 | (585) 617-6181 | www.ogdenlibrary.com

