

VILLAGE OF NORTH HAVEN
Application For Access to Agency Records

1. Name of Applicant: _____
2. Address of Applicant: _____

(Print clearly)
3. Telephone Number of Applicant: _____
4. Exact Description of Record(s) Requested:

5. Tax Map Number of Premises, if applicable: _____
6. Records for Review Only: Yes _____ No _____
Records for Copying: Yes _____ No _____
7. Date of Application: _____
8. Signature of Applicant: _____

FOR VILLAGE USE ONLY

9. If Application Approved:
 - a. Records Located: Yes _____ No _____
 - b. Number of Pages: _____
 - c. Pages Copied: Yes _____ No _____
 - d. Copying Fee Paid: Yes _____ No _____
 - e. Applicant Notified on _____ day of _____, 20
10. If Application Denied:
 - a. Reason(s) for Denial: _____

 - b. Applicant Notified on _____ day of _____, 20
11. If Records Cannot be Located
 - a. Requested Records Do Not Exist _____
 - b. Additional Information Needed _____
 - c. Applicant Notified on _____ day of _____, 20
12. If Additional Time Required to Locate Records:
 - a. Expected Date of Completion of Search _____
 - b. Applicant Notified on _____ day of _____, 20