

HENRIETTA FIRE DISTRICT APPLICATION TO ACCESS PUBLIC RECORDS

TO: Barbara A. Schaeffer, Secretary-Treasurer

Records Access Officer
Henrietta Fire District
850 Bailey Road
West Henrietta, New York 14586
bschaeffer@henriettafire.com

REQUESTOR INFORMATION:

NAME: _____

ADDRESS LINE 1: _____

CITY/STATE/ZIP: _____

EMAIL: _____

TELEPHONE: _____

RECORD(S) REQUESTED:

(Please be as specific as possible- include type of report, date AND address of incident):

_____ Please contact me in writing or by phone when the records will be available for review.

OR

_____ Please mail copies of the records requested to me at the address provided.

OR

_____ Please email copies of the records requested to me at the email address provided.

If my request is too broad or fails to reasonably describe the records requested, please contact me in writing or by phone. If there are any fees for providing the records requested, please notify me before filling the request.

If any portion of my request is denied, please inform me of the reason for denial in writing and provide the name and address of the person or body to whom an appeal should be addressed.

Signature: _____

Date: _____