

**FREEDOM OF INFORMATION REQUEST**

**TO: STEUBEN COUNTY RECORDS ACCESS OFFICERS:**

**BRENDA K. MORI, ALL COUNTY RECORDS (EXCEPT DSS AND MENTAL HEALTH)  
LISE REYNOLDS, DEPARTMENT OF SOCIAL SERVICES  
LYNN LEWIS, OFFICE OF COMMUNITY SERVICES (MENTAL HEALTH)**

I hereby apply to receive or inspect the following record(s):

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(Please be as specific as possible; copies are subject to a fee of 25¢ per page):

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representing

\_\_\_\_\_  
Mailing Address

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**NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF ANY PORTION OF YOUR APPLICATION WITHIN THIRTY (30) DAYS FROM THE DATE HEREOF TO THE HEAD OF THIS AGENCY:**

**CHAIRMAN, STEUBEN COUNTY LEGISLATURE  
3 EAST PULTENEY SQUARE  
BATH, NY 14810**

**WHO MUST FULLY EXPLAIN THE REASONS FOR SUCH DENIAL IN WRITING WITHIN TEN (10) DAYS OF RECEIPT OF AN APPEAL.**