

FREEDOM OF INFORMATION REQUEST

TO: STEUBEN COUNTY RECORDS ACCESS OFFICERS:

**BRENDA K. SCOTCHMER, ALL COUNTY RECORDS (EXCEPT DSS & MENTAL HEALTH)
LISE REYNOLDS, DEPARTMENT OF SOCIAL SERVICES
JESSICA FRAWLEY, LMHC, OFFICE OF COMMUNITY SERVICES (MENTAL HEALTH)**

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

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

Print Name

Signature

Date

Representing

Mailing Address

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.