

Application for Public Access to Records
County of Genesee, Public Health Department

To: Records Access Officer
Genesee County Health Department
3837 West Main Street Road
Batavia, NY 14020

Please ✓ appropriate box(es), and describe, in detail, the information requested.
I hereby apply to inspect the following record:

Food and Sanitation Inspection(s): _____

Lead Inspection or Investigation(s): _____

Animal Bite Report(s): _____

Other (Please specify): _____

_____ Signature	_____ Date
_____ Print Name	_____ Phone Number(s)
_____ Representing	_____ Mailing Address
	_____ E-Mail Address

***NOTE: The county has five (5) business days to acknowledge receipt of this request, if completed in full, from the date it was received.

For Agency Use Only

Approved **A fee of .25 per page must be remitted in advance.**

Denied (for the reason(s) checked):

<input type="checkbox"/> Confidential Disclosure	<input type="checkbox"/> Unwarranted invasion of personal privacy
<input type="checkbox"/> We have no record of this	<input type="checkbox"/> Record, of which this agency is legal custodian, cannot be found
<input type="checkbox"/> Exempted by statute other than the Freedom of Information Act	
<input type="checkbox"/> Other (specify) _____	

_____ Signature	_____ Title	_____ Date
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Notice: You have a right to appeal a denial of this application to the Genesee County Attorney, who must fully explain the reasons for such denial, in writing, seven business days within receipt of an appeal.