

APPLICATION FOR PUBLIC ACCESS TO RECORDS  
GENESEE COUNTY, PUBLIC HEALTH DEPARTMENT

To: Records Office  
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: Unless we receive a HIPAA compliant release form, the name of any individuals will be redacted, if necessary on the ground that disclosure would constitute an unwarranted invasion of personal privacy.

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**FOR AGENCY/DEPARTMENT USE ONLY**

Receipt of request acknowledged; however, additional time is required to reply.

Number of days: \_\_\_\_\_ Reason: \_\_\_\_\_

Approved

\$ \_\_\_\_\_ Total fee must be paid in advance for charges below. Make checks or money orders payable to Genesee County Treasurer.

\$ \_\_\_\_\_ for \_\_\_\_\_ pages at \$0.25 per page

\$ \_\_\_\_\_ other costs of production

Denied

Records of which this Agency/Department is Legal Custodian cannot be found.

Record is not maintained by this Agency/Department

More request details are needed to respond

Pursuant to Section 87(2) \_\_\_\_\_ of the Public Officers Law, since the requested records:

Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature Records Access Officer

\_\_\_\_\_  
Date

Department of: \_\_\_\_\_

\_\_\_\_\_

**NOTICE**

You have the right to appeal a denial, in whole or in part, within thirty (30) days in writing to the Records Access Appeals Officer, Office of County Attorney, County of Genesee, 7 Main Street, Batavia, New York 14020.