Village of Caledonia Application for Public Access to Records

TO:	Records Access	s Officer	
FROM:			
	(Name of agen	cy or person)	
I HERE	EBY APPLY TO	INSPECT THE FOLLOWI	NG RECORD:
G:		.	
Signatu	re		ate
Represe	enting		
Mailing	address		
		FOR AGENCY USE ONLY	
APPRO	OVED		
DENIE	D		
		y is Legal Custodian cannot be fo y this Agency	ound
Signatur	e	Title	Date
Notice: y	OU HAVE A RIGHT TO A.	PPEAL FOR SUCH DENIAL IN WRITING 7 DA	AYS OF RECEIPT OF AN APPEAL.
NAME_		Business Address	
WHO MUST	FULLY EXPLAIN HIS RE	CASONS FOR SUCH DENIAL IN WRITING 7 DA	AYS OF RECEIPT OF AN APPEAL.
I HEREBY A	PPEAL:		
Signatur	e	Date	