APPLICATION TO ACCESS RECORDS

REQUEST
Please be as specific as possible

REQUESTOR INFORMATION

NAME:__________________________________________________________
PROJECT/CLIENT (IF APPLICABLE): __________________________________
FIRM/COMPANY (IF APPLICABLE):____________________________________
E-MAIL: _______________________________________________________
ADDRESS LINE 1: _______________________________________________
ADDRESS LINE 2: _______________________________________________
CITY/STATE/ZIP: _______________________________________________
TELEPHONE: ___________________________________________________

PLEASE PRINT, SIGN, AND DATE THIS FORM BEFORE SUBMITTING.

SIGNATURE

DATE

SUBMISSION INFORMATION

VIA MAIL:
MONROE COUNTY ACCESS OFFICE
DEPARTMENT OF COMMUNICATIONS
39 W MAIN ST – SUITE 204
ROCHESTER, NY 14614

VIA EMAIL:
COMMUNICATIONS@MONROECOUNTY.GOV

VIA FAX:
(585) 753-1068

There may be a fee associated with your request.
Notice: You have a right to appeal denial of this application.