

New Rochelle Municipal Housing Authority  
50 Sickles Avenue  
New Rochelle, NY 10801

**Public Access to Records Application**

<u><b>For Office Use</b></u>
<b>Received By NRMHA Office</b>
<b>Sent To</b> _____
<b>Requested Date to Reply</b> _____

**Date Received:**

**(PLEASE PRINT LEGIBLY)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**I (we) represent:**     **Myself**                       **A Third Party**

**Name & Address of Third Party (if applicable):** \_\_\_\_\_

**Records Request**

**Fully describe the records you are requesting. A complete and detailed description of the records you are requesting is necessary to accurately respond to your request. Your failure to describe the records that you are requesting in sufficient detail may result in a denial of your request.**

**The following documents are in the possession of the New Rochelle Municipal Housing Authority:**

**I WOULD LIKE TO (CIRCLE ONE) INSPECT/HAVE COPIES OF THE DOCUMENT(S) LISTED.**

<b>Date and/or Time Period of the Documents:</b>

**There is a twenty-five cents (.25) per page charge for each regular size (8 1/2 x 11) public document copied. There will be additional charges for larger size documents, maps, tapes, disks, etc. By signing this document, you agree to pay any reproduction costs that may apply.**

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Date*

**A response to your request will be within five business days. Our department has up to twenty days to research and provide the requested documents. If denied, you have the right to appeal in writing to the Executive Director within ten days of denial.**