

County of Dutchess
Application for Public Access to Records



TO: **Records Access Officer**

Department/Address: _____
Department of Health
85 Civic Center Plaza, Suite 106
Poughkeepsie, NY 12601

Each County Department has its own Records Access Officer. Refer to the Department List on the website page below. **Mail your request to the location identified on that web page.**

www.dutchessny.gov/CountyGov/DeptDepartments.htm

I HEREBY REQUEST TO INSPECT RECORDS

I would like to (please check a box): ☐ Review documents by appointment.

☐ Have copies made at \$0.25 per printed 8 1/2x11 page or at the set fee structure for other formats, and agree to pay for these copies.

☒ I would like an estimate of the cost prior to printed copies or **electronic output** being produced.

Please describe the records you are requesting. Be specific: (Include attachment if more space is needed)
Electronic records of all bacteriological water-quality testing results (including E. coli and Enterococcus) at Beaconn River Pool, from the period of 1/1/2005 to 11/21/25, including sample results (counts, modifiers, and interpretations) and sample dates. Electronic format preferred (PDF, scanned documents, CSV, or Excel).

Name (Please Print): Owen O'Connor Phone: 845 750 1728

Mailing Address: 143 henry st kingston ny 12401

Email (Optional): oroconnor@gmail.com

Signature

Date: 11/21/25

For Agency Use Only

☐ Approved

Denied for Reason(s) checked below:

☐ Confidential Disclosure

☐ Part of Investigatory File

☐ Record not Maintained by this Agency

☐ Unwarranted Privacy Invasion

☐ Record of which this Agency is Legal Custodian Cannot be Found

☐ Exempted by Statute Other Than FOI Law

☐ Other (Specify) _____

Signature

Title

Date

Appeals Process

NOTICE TO APPLICANT: You have the right to appeal a denial of this request by application to the Records Appeal Officer, Department of County Attorney, 22 Market Street, Poughkeepsie, NY 12601. The Appeals Officer must fully explain his reason for such denial within 10 business days from receiving the appeal.

I Hereby Appeal: _____

Signature

Date