



OFFICE OF THE COUNTY CLERK

LITTLE VALLEY, NEW YORK 14755

PHONE (716) 938-2297

FAX (716) 938-2773

ALAN BERNSTEIN
County Clerk

DARRELL KLUTE
Deputy County Clerk

JULY 30, 2020

CENTER FOR JUDICIAL
ACCOUNTABILITY INC
ATTN: ELENA RUTH SASSOWER
PO BOX 8101
WHITE PLAINS, NY 10602

RE: FOIL #2020-110

INFORMATION ON THE WAY THE DISTRICT ATTORNEY'S OFFICE HANDLES COMPLAINTS OF
PUBLIC CORRUPTION.

THE COUNTY IS ATTEMPTING TO GATHER THE INFORMATION NECESSARY TO REPLY TO
YOUR REQUEST AND WE WILL PROVIDE YOU WITH FURTHER INFORMATION WHEN IT
BECOMES AVAILABLE.

YOUR REQUEST, IF GRANTED, WILL BE MADE AVAILABLE TO YOU WITHIN TWENTY
BUSINESS DAYS OF THE DATE OF THIS LETTER.

Sincerely,

ALAN BERNSTEIN
CATTARAUGUS COUNTY CLERK
RECORDS ACCESS OFFICER

SB

FILED

Cattaraugus County
Application For Public Access To Records

~~2020-110~~ (710) 938-3753

To: Cattaraugus County Clerk
Records Access Officer
303 Court Street
Little Valley, New York 14755

CATTARAUGUS COUNTY CLERK

For Agency Use Only

Record # 2020-110

I hereby apply to access the following record: "See attached"

I hereby request to inspect the documentation and/or items and if I so choose to make copies of the documentation and/or items, for which I agree to pay \$.25 per page, or the \$10.00 for video on USB drive.

I hereby request a copy of the record, for which I agree to pay \$.25 per page, or the \$10 for video on USB drive.

Name Center for Judicial Accountability Inc. Signature _____

Representing By: Elena Ruth Sassower Date _____

Mailing Address _____

For Agency Use Only

Approved. Record consists of _____ pages. Please call _____ at _____ to schedule an appointment to inspect the records. A copy will be available upon receipt of _____. If you wish a copy to be mailed to you, please include an additional _____ for postage.

Denied.

Record of which this agency is legal custodian cannot be found.

Record is not maintained by this agency.

Records have been (partially, fully) provided. (If not fully provided, date when records are expected to be fully provided: _____)

Explanation: _____

Records Access Officer _____

Date _____

NOTICE: You have a right to appeal a denial of this application to the Appeals Officer, who must fully Explain the reasons for such denial in writing within seven days of receipt of an appeal. If you wish to appeal, Please submit your appeal to the Appeals Officer:

Cattaraugus County Administrator
Records Appeals Officer
303 Court Street
Little Valley, New York 14755

COPY

I hereby appeal:

Signature _____

Date _____