



_____ MONTH/YEAR _____

DATE RECEIVED: _____

CC: _____

TOWN OF MARBLETOWN

APPLICATION FOR PUBLIC ACCESS TO RECORDS

DATE: _____

TO: Town Records Officer,

I wish to inspect the following record (s) – please be as clear, specific as possible (name reference, S/B/L#’s, etc.):

Please check options that apply:

- ☐ I am applying to inspect record (s)
☐ I am requesting copies: legal/letter-sized paper \$.25 per
☐ I am requesting reproduction of larger records/other media and understand that additional charges will apply (outside vendor fees, transportation/mileage fees).

PRINT YOUR NAME: _____

REPRESENTING: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME PHONE: _____

SIGNATURE: _____

AGENCY USE ONLY **** Acknowledge: 5 DAYS _____ 20 DAYS _____

APPROVED

Date: _____ Time: _____

Photocopies: Number of Pages: _____ Charge: \$ _____ Paid Ck _____ Cash _____ Receipt# _____

DENIED (for reason (s) checked below)

- ☐ Exempt by statute other than Freedom of Information
☐ Unwarranted invasion of privacy
☐ Would impair contract awards/collective bargaining agreement
☐ Trade secret; confidential commercial information
☐ Law enforcement records
☐ Would endanger the life or safety of any person
☐ Inter-agency or intra-agency materials
☐ Record is not maintained by this agency
☐ Legal custodian of record cannot be found
☐ Other (specify) _____

Any person denied access to records may appeal the denial within 30 days of the denial: Such appeals should be addressed to the Supervisor of the Town of Marbletown, PO Box 217, Stone Ridge, NY 12484-0217

