

_____ 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 DAY S _____ 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

