

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: TOWN OF NEW PALTZ, TOWN CLERK
P.O. BOX 550 / 1 VETERANS DR.
NEW PALTZ, NY 12561

I, _____ hereby apply to inspect the following records;
(Print)

Signature _____ Date _____

Representing _____

Mailing Address _____

Phone # _____ Email: _____

For Agency Use Only

Approved _____ Denied _____

Decision to be made within five (5) days of request or date decision will be made given.

Charge per page for copies: \$ _____ Total \$ _____

Record is exempt or matter contained in it is not required to be disclosed _____

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

Record is not maintained by this agency _____

Signature Title Date

NOTICE: You have the right to appeal a denial of this application to the head of this Agency within 30 days of denial.

Supervisor
Town of New Paltz
P.O. Box 550
New Paltz, NY 12561

Who must fully explain his reasons for such denial in writing within seven (7) business days of receipt of an appeal.

I hereby appeal _____
Signature Date