**APPLICATION FOR PUBLIC ACCESS TO RECORDS**

Email to: clerk@townofnewpaltz.org or

Mail to: Town of New Paltz, Town Clerk

 P.O. Box 550 / 52 Clearwater Rd.

 New Paltz, NY 12561

I, hereby apply to inspect the following records;

 (Print)

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Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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: $\_\_\_\_\_\_\_\_\_\_\_ X # of pages\_\_\_\_\_\_\_\_\_\_\_ 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

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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