APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date: __________________________
TO: Records Management Clerk
I wish to inspect the following record(s): Identify records you are interested in as clearly as possible.

____________________________________________________________________________________

____________________________________________________________________________________

You may inspect documents first and then ask for copies of the ones you actually want.
Number of copies requested: ($ .25 per copy) ________.

Signature: __________________________________________
Printed Name: _______________________________________
Address: __________________________________________
City/State/Zip: ______________________________________
Daytime Phone: ______________________________________

FOR AGENCY USE ONLY

APPROVED
DATE ______________ TIME: __________
Photocopies: Number ______ Charge ______
DENIED (for reason(s) checked below)
____ Exempted by statute other than Freedom of Information
____ Unwarranted invasion of personal privacy
____ Would impair contract awards or collective bargaining agreements
____ Trade secret; confidential commercial information
____ Law Enforcement Records
____ Would endanger the life or safety of any person
____ Interagency or intra-agency materials
____ Record is not maintained by this agency
____ Record of which this agency is legal custodian 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 Town Board of the Town of Whitehall, 57 Skenesborough Drive, Whitehall, NY 12887.