

APPLICATION FOR ACCESS TO RECORDS MAINTAINED AT TOWN OF BOLTON OFFICES

Return to: Town of Bolton Town Hall
Office of the Town Clerk
4949 Lakeshore Drive
P.O. Box 7
Bolton Landing, NY 12814

Provide specific request:

I hereby apply to: inspect obtain a copy of the following record(s)*

Print Name

Signature

Representing (if applicable)

Date

Mailing Address

Telephone Number

City, State, Zip Code

Fax Number

FOR TOWN USE ONLY:

APPROVED

DENIED for the reason(s) checked below:

- Confidential Disclosure
- Part of investigatory files
- Unwarranted invasion of personal privacy
- Record is not maintained by this agency
- Records for which this agency is legal custodian cannot be found
- Exempted by statute other than Freedom of Information Act
- Other: _____

Date received: _____
Assigned to: _____
Department or Program Area: _____
Date Applicant Contacted: _____
Date File Review: _____
Fee Applicable? Yes No
of Copies: _____
Fee Waived: _____
Amount Billed: _____
Invoice #: _____
Date Info Sent Out: _____

* A Record Duplication charge of \$.25 per (8.5" x 11") page or \$5.00 per sheet for larger copies payable in advance to Town of Bolton.

NOTICE: You have the right to appeal denial of this application.

I hereby request an appeal _____
Signature

_____ Date