

TOWN OF CLARENDON
FREEDOM OF INFORMATION REQUEST

Request to View Public Records

To: *Records Management Officer*
Town of Clarendon
PO Box 145
Clarendon, New York 14429

I Hereby Request to View the Following Record(s):

Name: _____ Signature: _____
(Please Print)

Representing: _____ *(Individual/Firm/Organization)*

Mailing Address: _____

Phone: _____

Date: _____ Copies requested: _____
(\$.25 each)

NOTICE: You have a right to appeal a denial of this application to the head of this agency, who must fully explain in writing seven (7) days upon receipt of appeal. Richard H. Moy, Supervisor.

I Hereby appeal: _____
Signature *Date*

AGENCY USE ONLY

Approved *Denied* *Record not Maintained by Agency*

Payment received for FOIL Copies _____