

Application for Public Access to Records

TO: Tara Percacciolo
Town of Philipstown
238 Main Street
P.O. Box 155
Cold Spring, NY 10516

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD: DATE: _____

Tax Map # _____
Address of Records Requested _____

Print Name _____

Signature _____
Representing _____
Mailing Address _____
Telephone # _____

FOR AGENCY USE ONLY

COMPLETED BY: _____ DATE: _____
APPROVED _____ DENIED _____

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 THE AGENCY.

TOWN BOARD – TOWN OF PHILIPSTOWN – 238 MAIN ST, COLD SPRING, NY

WHO MUST FULLY EXPLAIN HIS/HER REASON FOR SUCH DENIAL IN WRITING SEVEN DAYS OF RECEIPT OF AN APPEAL.

I HEREBY APPEAL: _____
Signature Date