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 _____

[FOIL 04/2005]