TOWN OF CLARENDON
FREEDOM OF INFORMATION REQUEST

Request to View Public Records

To: ***Records Management Officer***
Town of Clarendon
P.O. 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:_____

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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. Marc P. Major, Supervisor*

I Hereby appeal: _____ _____
Signature *Date*

AGENCY USE ONLY

☐ ***Approved*** ☐ ***Denied*** ☐ ***Record not Maintained by Agency***

Payment received for FOIL Copies _____