TOWN OF COLDEN

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER (Town Clerk)

I hereby make application to examine the following record: _____

_____

_____

_____

SIGNATURE: _____ DATE: _____

Representing: _____

Mailing Address: _____

FOR AGENCY USE ONLY

APPROVED _____

DENIED _____

Records of which this agency is Legal Custodian cannot be found _____

Record is not maintained by this agency. _____

I hereby certify that the records requested have been provided in accordance with the foregoing request.

_____ _____ _____

Signature Title Date

NOTICE: You have a right to appeal a denial of this application to the Town Board of the Town of Colden who must fully explain the reason for denial in writing within (7) days of receipt of this appeal.

I hereby appeal _____

_____

If request is made to review a tape, a date will be setup by this office to have the Clerk available to be present and to operate the tape recording machine.

SIGNATURE: _____ DATE: _____