

Town of Montgomery
 Tara Stickles, Town Clerk
 110 Bracken Road
 Montgomery, NY 12549
 845.457.2660, Fax: 845.457.2613

Request for Access to Public Records

Freedom of Information Law (Section 89 – Public Officers Law)

Applicant's Name _____ Phone: _____

Applicant's Address _____ Email: _____

Is Applicant applying on his/her own behalf? ___ Yes ___ No

If NO, Organization/Principal's Name _____ Phone: _____

Organization/Principal's Address _____

Please list *specific* RECORDS which you wish to examine or have copied. Please be aware that New York State Freedom of Information Law allows a municipality up to five (5) business days to respond to a request for records. Some responses, due to their volume or depth of research, will take longer than the five days of allotted time. If this is the case regarding your request, this office will notify you in writing.

| <u>RECORD</u> | <u>Approximate DATE OF DOCUMENT</u> | <u>Pick-up/Mailed Date & Initials</u> |
|---------------|---|---|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

****THESE DOCUMENTS WILL NOT BE USED FOR COMMERCIAL OR FUNDRAISING PURPOSES****
 (Section 89(2)(b)(iii)).

 Applicant's Signature

 Date signed

Clerk's Date Stamp: Copy sent to Town Department(s) of: Date Document Returned: Documents Reviewed By:

 _____ # of pages _____
 _____ Copy/Postage fee \$ _____
 _____ Receipt # _____

Notice to Applicant: You have the right to appeal a denial of this application by returning this form within 30 days to the Montgomery Town Board, 110 Bracken Road, Montgomery, NY. You must be provided with a response to your appeal within ten 10 business days.

FOR AGENCY USE

DATE RECEIVED: _____

 SIGNATURE

 TITLE

 DATE