

TOWN OF GOSHEN
TOWN CLERK'S OFFICE

MARY RISO
TOWN CLERK

KIRSTEN SANTANGELO
DEPUTY TOWN CLERK

Request for Access to Public Records

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

Applicant's Name _____ Phone: _____

Applicant's Address _____

Email Address _____

Is Applicant applying on his/her own behalf? ____ yes ____ no

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

Organization/Principal's Address _____

Please list the RECORDS which you wish to examine or have copied. **PHOTOCOPY CHARGE IS \$0.25 PER PAGE.**

THIS AGENCY HAS 5 BUSINESS DAYS TO GRANT ACCESS TO RECORDS, DENY ACCESS IN WRITING, OR ACKNOWLEDGE THE RECEIPT OF A REQUEST & GIVE APPROXIMATE DATE RESPONSE CAN BE EXPECTED.

<u>ITEM</u>	<u>Approximate DATE of Document</u>	<u>CLERK Pick-up/Mailed Date & Signature</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

These documents will not be used for commercial or fund raising purposed (Section 88, Subdivision 3d).

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 \$ _____
_____	_____	_____	date \$ rec'd _____