APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER/TOWN CLERK, Town of Clinton
I hereby apply to inspect the following record(s): Be as specific as possible.

_____ _____
Signature of Applicant Date

Applicant - Print Name: _____

Applicant's Mailing Address/Phone: (____) _____ - _____

_____ _____ Zip: _____

APPROVED BY: _____
DENIED (for reason(s) checked below:)

Confidential Disclosure
Unwarranted Invasion of Personal Privacy
Record of which this agency is legal custodian cannot be found
Exempted by statute other than the Freedom of Information Act
Other
Part of investigatory files

_____ _____ _____
Signature Title Date

Send or bring to: Town Clerk, Town of Clinton
PO Box 208
Clinton Corners, NY 12514